

All registration is conducted at the administrative offices of the Recreation & Parks Dept. located in the Century Center or designated registration sites unless otherwise noted..

1. Please adhere to the listed registration dates. Registration forms cannot be accepted prior to the listed dates. **CHECKS AND REGISTRATIONS ARE NOT HELD.** You may register in person or by mail. Complete the form and mail with check made payable to the Town of Carrboro. Mail-in registrations are processed after walk in traffic. You are registered as soon as we receive payment from you. Do not send cash.
2. Registration is accepted on a first come, first served basis, you should call 918-7364 to check on the status of a particular program.
3. You will be notified if the program is full, canceled or changed. Receipts will be mailed. Make checks payable to: **TOWN OF CARRBORO**

**CARRBORO RECREATION AND PARKS DEPARTMENT  
MAIL IN REGISTRATION FORM**

**Please Print**

Last Name: \_\_\_\_\_ Phone (H) :( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Main Contact E-mail Address: \_\_\_\_\_

Main Contact (First Name): \_\_\_\_\_ M/F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity \_\_\_\_\_

Spouse/Other Last Name: \_\_\_\_\_ M/F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity \_\_\_\_\_

Spouse/Other First Name \_\_\_\_\_ M/F Phone (W) :( \_\_\_\_\_ ) \_\_\_\_\_

Child: \_\_\_\_\_ M/F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity \_\_\_\_\_

| Participant Name | Code/Activity | League | Team or Team Placement | Fee |
|------------------|---------------|--------|------------------------|-----|
|                  |               |        |                        |     |
|                  |               |        |                        |     |
|                  |               |        |                        |     |
|                  |               |        |                        |     |

- During activities where parents are a part of the supervision process, we ask that parents be responsible for their children before, during, and after any event or activity. This is due to the nature of public recreation programs and the heavy emphasis placed on the use of volunteers. We feel that it is important to communicate this to you since supervision must be the parent's responsibility and cannot be reasonably imposed upon volunteers or employees working with the various programs. Please make certain that your child is adequately supervised at all times. In agreeing to take this responsibility as a parent we believe that your child's participation in our youth recreation program will be a safe and rewarding experience.
- During activities where parents are not a part of the supervision process, we ask that parents be responsible for their child before and after any event or activity.
- Special requests (car-pooling, team placement, scheduling, etc.) are not guaranteed.
- A valid proof of age may be required for participation in some Athletic programs.
- Photographs may be taken of Carrboro Recreation and Parks Department programs/participants and used for Town of Carrboro promotional purposes.

**ACKNOWLEDGMENT, MEDICAL RELEASE, AND WAIVER OF LIABILITY:**  
(To be signed by participant or guardian if participant is a minor.)

I hereby acknowledge my receipt and understanding of the information disclosed on my registration form. I hereby grant permission to the Carrboro Recreation and Parks Department volunteers or Town employees to obtain medical care from any licensed physician, hospital, medical clinic or emergency medical service organization for the individuals named on my registration forms at such times as deemed necessary for physical health purposes. I waive all claims against and agree not to sue the Town of Carrboro, its officers, agents, and employees as a result of participation in the activities registered for including any decision or action regarding medical care for me or member of my family.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff initials: \_\_\_\_\_ Registration #: \_\_\_\_\_

**SPECIAL INSTRUCTIONS TO STAFF**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Use Only  
 Amount paid \_\_\_\_\_  
 Check # \_\_\_\_\_ Cash \_\_\_\_\_  
 Staff \_\_\_\_\_ Date \_\_\_\_\_

