

**Town of Cary Parks, Recreation and Cultural Resources Department
Program Registration Form**

Main Contact

(Information provided may be subject to the NC Public Records Law.)

Last Name _____ First Name _____

Male Female Adult DOB ___/___/___ Are you a Cary Resident? Yes No

Mailing Address _____

City _____ ST _____ Zip _____ Home Phone _____

Work Phone _____ Mobile Phone _____ *Email _____

1st Emergency Contact _____ Phone _____

Non Household Emergency Contact _____ Phone _____

Registration Receipt: I would like my receipt (please check one) emailed (valid email address required) printed/mailed

*By providing my email address I agree to receive email communication from the Town of Cary

Participant #1 Information

Participant #1 Name _____ M F

DOB ___/___/___ Rising Grade (Summer Camps) _____

Is this person allergic to anything? _____ Currently taking any medications? _____ Have any special needs? _____

If the answer is yes to any of these questions, please explain in detail: _____

Programs are provided for people of all abilities. If you need a reasonable modification, please check **YES** below and complete the registration at least two weeks prior to the start of the program/class. Each request will be assessed in compliance with ADA. YES

Course Code	Program Name	Location	Date	Time	1 st Fee

Participant #2 Information

Participant #2 Name _____ M F

DOB ___/___/___ Rising Grade (Summer Camps) _____

Is this person allergic to anything? _____ Currently taking any medications? _____ Have any special needs? _____

If the answer is yes to any of these questions, please explain in detail: _____

Programs are provided for people of all abilities. If you need a reasonable modification, please check **YES** below and complete the registration at least two weeks prior to the start of the program/class. Each request will be assessed in compliance with ADA. YES

Course Code	Program Name	Location	Date	Time	1 st Fee

Payment Information

MAKE CHECKS PAYABLE TO "Town of Cary"

²Scholarship Donation \$ _____

¹ Nonresident, pay fee indicated in program description.

TOTAL AMOUNT DUE \$ _____

² I would like to donate \$1 or more to the scholarship fund. See Program Brochure for more details.

WAIVER

I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnify the Town of Cary, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. **I understand that no insurance coverage is provided by the Town of Cary Parks, Recreation and Cultural Resources Department.** By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to inclement weather or other unforeseen circumstances, I will receive a prorated credit on my account for the uncompleted portion of the program. Further, I understand and agree that I have up to one year to use the credit and if it is not used within the one year, the credit will be donated on my behalf to the PRCR Scholarship Fund.

Signature _____ Date _____