

Registration Form

Main Contact

Last Name _____ First Name _____ Male Female DOB _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ E-mail _____
Emergency Contact & Phone _____
Cary Resident Yes No

Participant 1

Participant's Name _____ DOB _____ Male Female Rising Grade _____
Is this person: Allergic to anything? _____ Currently taking any medications? _____ Have any special needs? _____
If answered yes to any of these questions, please explain in detail: _____

5-digit barcode	Camp Title	Camp Location	Date(s)	Time	Fee*
_____	_____	_____	_____	_____	_____

Participant 2

Participant's Name _____ DOB _____ Male Female Rising Grade _____
Is this person: Allergic to anything? _____ Currently taking any medications? _____ Have any special needs? _____
If answered yes to any of these questions, please explain in detail: _____

5-digit barcode	Camp Title	Camp Location	Date(s)	Time	Fee*
_____	_____	_____	_____	_____	_____

MAKE CHECKS PAYABLE TO "Town of Cary"

****Scholarship Donation \$** _____

*Nonresident, pay fee indicated in program description.

TOTAL AMOUNT DUE \$ _____

** I would like to donate \$1 or more to the scholarship fund. See registration information for more details.

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 date of the program/class. Each request will be assessed in compliance with the ADA.

YES

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 PCR Scholarship Fund.

Signature: _____ **Date:** _____