

# Cary Parks, Recreation & Cultural Resources Department Program Registration Form

## Main Contact

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female

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:  emailed  printed/mailed

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

## Participant #1 Information

Participant #1 Name \_\_\_\_\_  Male  Female

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Rising Grade (Summer Camps) \_\_\_\_\_

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: \_\_\_\_\_

Programs are provided for people of all abilities. If you need a reasonable modification, please check YES to the right 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

Program ID	Program Name	Location	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Participant #2 Information

Participant #2 Name \_\_\_\_\_  Male  Female

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Rising Grade (Summer Camps) \_\_\_\_\_

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: \_\_\_\_\_

Programs are provided for people of all abilities. If you need a reasonable modification, please check YES to the right 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

Program ID	Program Name	Location	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Payment Information

I would like to donate to the Play it Forward Scholarship Fund. See [www.townofcary.org/scholarships](http://www.townofcary.org/scholarships) for complete details.

Scholarship Donation \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO "Town of Cary"



TOTAL AMOUNT DUE \$ \_\_\_\_\_

## WAIVER

I agree to the waiver found at [www.townofcary.org/programwaiver](http://www.townofcary.org/programwaiver)

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

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