

Main Contact

Last Name _____ First Name _____

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

Mailing Address _____

City _____ ST _____ Zip _____ Home Phone _____

Work Phone _____ Email _____

Emergency Contact & phone _____

Participant #1

Participant Name _____ Male Female DOB ___/___/___

<u>Class Code</u>	<u>Entire Class/Workshop Title & Theme</u>	<u>Date(s)</u>	<u>Day of week</u>	<u>Time</u>	<u>Fee*</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Participant #2

Participant Name _____ Male Female DOB ___/___/___

<u>Class Code</u>	<u>Entire Class/Workshop Title & Theme</u>	<u>Date(s)</u>	<u>Day of week</u>	<u>Time</u>	<u>Fee*</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MAKE CHECKS PAYABLE TO "Town of Cary" ****Scholarship Donation \$** _____

TOTAL AMOUNT DUE \$ _____

*Nonresident, pay fee indicated in program description.
 ** I would like to donate \$1 or more to the scholarship fund. See registration information 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.**

Signature: _____ Date: _____

REGISTRATION FORM