

ONslow COUNTY PARKS AND RECREATION DEPARTMENT

1244 Onslow Pines Road, Jacksonville, NC 28540

Phone: 910-347-5332 Fax: 910-347-4492

REGISTRATION FORM

Participant's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Type of Activity: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M / F Active Duty Military Yes / No Active Duty Military Dependent Yes / No

Insurance Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Participant's School: \_\_\_\_\_ School Teams Participates On: \_\_\_\_\_

Person to notify in case of emergency (other than parents)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Parent or Guardian (if applicable)

Name: Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Phone(s): Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

\*The Onslow County Parks and Recreation Department offers insurance to participants. Coverage includes all Departmental programs March 1 through February 28/29 of the current year for \$8.50-child or \$17.00-adult. It is recommended that every participant have accident insurance coverage either through his/her own/family policy or the Department's policy.

\_\_\_ I DO want participant insurance (payable at registration)

\_\_\_ I DO NOT want participant insurance

Insurance Fees Paid: \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_

List medical problems, or special assistance needed: \_\_\_\_\_

AUTHORIZATION AND RELEASE

I hereby give \_\_\_\_\_ my permission to participate and be involved in Onslow County's Department of Recreation program of \_\_\_\_\_. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision, and the instructor/coach as being satisfactory for the above named person. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor/coach or waive the right to do so. I understand that immediately prior to any activity involved in the program named herein above, I have the right to inspect the facilities or equipment and will notify the instructor or supervisor or the County of any objections to the supervision, instruction, facilities, or equipment used in connection therewith. I hereby release and hold harmless the County of Onslow, the Onslow County Parks and Recreation Department, and any of their agents or representative from and against any and all claims and liability and causes of action at law for loss, damage, or injury (including death) to persons and/or property which would or could be based on the qualification of the instructor/coach or the adequacy of the supervision, facilities, or equipment used in the program named above.

AUTHORIZATION FOR MEDICAL ATTENTION

I hereby give the assigned coach/instructor or authorized personnel permission to seek, appropriate medical care as may be deemed necessary in the event of injury/illness to my child/participant should I be unavailable to make such decisions.

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

Parent or Legal Guardian (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_