MOORE COUNTY PARKS AND RECREATION YOUTH ACTIVITY REGISTRATION FORM

ACTIVITY FEES: Tennis-Spring/Fall-\$20 /Summer-\$40 LATE FEE: \$10 AFTER REGISTRATION DEADLINE IF SPACE IS AVAILABLE!

PRIMARY PARENT IN	FORMATION:	<u> </u>	
First Name		Last Name	
Home Address			
City	State	Zip Code	
REQUIRED EMAIL:		Cell Phone:	
STUDENT:			
First Name:			
Last Name:			
Birth Date:	<u>-</u>	Age:	
Activity:	Spring	FallSummer	
FEE:	CASH	CHECK#CREDIT CARD (in office onl	y)
FEE:		910 947-2504	у)
FEE:	ADDRESS:	•	y)
PERMISSION, RELEASE, Al activities or programs offered in out-of-town activities or prothat my child shall abide by all programs. I understand that the activities or programs and injured, I will not hold the Coupermission to the Department Department of Parks and Reco	ADDRESS: ADD	910 947-2504 Moore County Parks and Recreation Box 905 Carthage, NC 28327 OF RISK: I, the undersigned Parent/Guardian, permit my child to particly Department of Parks and Recreation. I give permission for my child to particle with transportation to and from those activities or programs. I under County Department of Parks and Recreation or risk expulsion from the activaccident or injury, including death, as a direct or indirect result of participany and all risk involved with my child's participation. In the event my agents, volunteers, or employees responsible or liable. If I cannot be contacted eation to give medical attention to my child as deemed necessary. I release images of my child taken during the activities or programs, which may be deemed of this Permission, Release, and Assumption of Risk and agree that it is because of the participant of the	pate in ticipate erstand ities or ation in child is l, I give to the sed for