

ORANGE COUNTY DEPARTMENT OF ENVIRONMENT, AGRICULTURE, PARKS AND RECREATION



REGISTRATION FORM
 Payment is required at time of registration, mail payment and registration to
 OCPR, PO Box 8181, Hillsborough, NC 27278
 919 245-2660



PARTICIPANTS NAME	DATE OF BIRTH	SEX	PROGRAM NAME AND NUMBER
			Adult Co-Rec Volleyball (612111-A)

ADDRESS _____ **CITY, STATE, ZIP** _____

HOME PHONE () _____ **COUNTY** _____ **EMAIL** _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

MOTHER/GUARDIAN _____ **WORK #**() _____ **CELL #**() _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

FATHER/GUARDIAN _____ **WORK #**() _____ **CELL #**() _____

EMERGENCY CONTACT PERSON _____ **PHONE #**() _____

PLEASE LIST ANY DISABILITIES AND/OR MEDICATIONS _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? Program Guide, School Flyer, Direct Mailing, Web Site, Email, Past Participant, Word of mouth

LIABILITY RELEASE -In consideration of my/my child's participation in the aforementioned Orange County program or activity, I hereby release and discharge Orange County, Orange County Department of Environment, Agriculture, Parks and Recreation (DEAPR), and any and all employees or agents thereof from all claims of any kind or nature whatsoever arising out of actions of the above said employees or agents. To the extent allowed by law, I also consent to the transportation of myself/my child by above said employees or agents to and from such programs or activities conducted as part of this Orange County DEAPR program. I have informed Orange County DEAPR staff of any physical and/or cognitive conditions that may hinder my/my child's participation in or enjoyment of the program or activity. I further understand that individual accident and general liability insurance coverage **is not** provided by Orange County DEAPR or any sponsoring agent.

MEDICAL RELEASE - This is to certify that I (participant above), or parent of above participant in the Orange County activity, hereby grant permission to the adult volunteer or supervisor of the program to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein at such times as either parent, legal guardian, or emergency contact cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless Orange County, Orange County DEAPR, any sponsoring agent and any volunteer; the organizers, supervisors, participants, and person transporting the player to and from those activities, for any claim arising out of any injury to the participant.

PHOTO POLICY - Orange County DEAPR reserves the right to photograph and publish photographs of participants for publicity purposes. Photographs may also be shared with the program instructors.

PARTICIPANT SIGNATURE
 (IF UNDER 18 PARENT/GUARDIAN MUST SIGN)

DATE

TEAM NAME

CAPTAIN'S NAME