

# PROGRAM REGISTRATION

Children's Dance  
Tiny Tots  
Yoga  
Aerobics

PLEASE COMPLETE FOR MAIL OR WALK-IN REGISTRATION

Payment is required at the time of registration by cash or check payable to Lee County Parks and Recreation  
PO Box 1968  
Sanford, NC 27331-1968

<b>PROGRAM NAME</b> _____
<b>Participant's Name</b> _____
<b>Birth Date</b> _____
<b>Male/Female</b> Please Circle
<b>Age</b> _____ <b>E-Mail Address</b> _____
<b>Mailing Address</b> _____
<b>Phone Number</b> _____ <b>Parent Cell Phone</b> _____
<b>Fee \$</b> _____
<b>County Resident</b> _____ <b>Non County Resident</b> _____
<small>Please Check one that applies</small>

## Emergency Contact

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Emergency Contact Work Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**WARNING, LIABILITY, RELEASE, AND ACKNOWLEDGEMENT AND ASUMPTION OF ROSKS**  
I, \_\_\_\_\_ understand that participation in recreation programs can involve vigorous activity. A thorough physical examination is recommended. I hereby assume all risk and hazards incidental to participation in the above mentioned program(s), including transportation to and from all activities and, do so hereby waive, release, absolve, indemnify and agree to hold harmless the County of Lee, its officers, agents and employees, the Parks and Recreation Commission, the coaches and co-sponsors from any claims arising out of injury to the above named participant(s). I further certify that I am physically fit to participate in this program or activity and have not been otherwise informed by a physician. In addition, I give my permission to Central Carolina Hospital and/or other licensed medical facilities to provide treatment as deemed necessary by them.

If you have additional questions, please contact the Parks and Recreation office at (919) 775-2107.

**Signature of participant (or parent/guardian if youth)** \_\_\_\_\_

**Date** \_\_\_\_\_

