



Registration Form

Participant Name	<input type="text"/> First/MI <input type="text"/> Last		Age	<input type="text"/>	
Program	<input type="text"/>			Grade	<input type="text"/>
Birthdate	<input type="text"/> MM	<input type="text"/> DD	<input type="text"/> YYYY	Shirt/Jersey Size Youth OR Adult	<input type="text"/>
<input type="checkbox"/> M <input type="checkbox"/> F					

Parent/Guardian	<input type="text"/> First/MI <input type="text"/> Last		Cell	<input type="text"/>	
Address	<input type="text"/>			Home	<input type="text"/>
City State Zip	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip	Work	<input type="text"/>
Email Address	<input type="text"/>				

I would like to receive the following emails:

ALL emails
 Flyers, Brochures, etc.
 Class emails from Instructors/Coaches
 NO emails

Emergency Contact 1	<input type="text"/> NAME	<input type="text"/> RELATIONSHIP	<input type="text"/> PHONE NUMBER
Emergency Contact 2	<input type="text"/> NAME	<input type="text"/> RELATIONSHIP	<input type="text"/> PHONE NUMBER

Medical Conditions	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Liability Waiver	My child is voluntarily participating in the indicated program and I release, absolve, clear, hold harmless and waive the responsibility of the City of Winston-Salem, Recreation and Parks Department, Staff and Volunteers of risks and hazards incidental to the implementation of this program.
Photo Waiver	By participating in this public program, the participant (parent/guardian) acknowledges and gives permission for his/her (child/dependent) image/likeness to appear in group photos used by WSRP in promotional material -- printed and/or social media.
Refund Policy	NO refunds will be granted within two weeks of the beginning of a program. Refund requests MUST be presented in writing to the facility supervisor and pending approval of the Athletic Supervisor.

Parent/Guardian Signature	<input type="text"/>	Date	<input type="text"/>
---------------------------	----------------------	------	----------------------

FOR OFFICE USE ONLY

PAYMENT

Amount PAID	<input type="text"/>	Cash/ Check#/ Other	<input type="text"/>	Receipt#	<input type="text"/>
Staff Signature	<input type="text"/>			Date	<input type="text"/>
Facility	<input type="text"/>				