

Receipt # _____ Team _____ Shirt Size _____

**Belhaven Recreation Department
Program Registration Form**

Program _____ Date _____

Name of Participant _____

Date of Birth _____ Age _____ Sex _____

Address _____ City _____

School/Grade _____ I live inside Town limits of Belhaven: Yes ___ No ___

Parents' or Guardian's Name _____

Parents' Address (if different from participant's) _____

Telephone Numbers: Home _____ Work _____

Special Medical Instructions/Family Doctor/Drug Allergies:

In consideration of my child being allowed to participate in _____
(class or program) sponsored by the Belhaven Recreation and Parks Department (BRPD), I hereby assume all risks and release the Town of Belhaven, its' employees and volunteers from all liability whatsoever for any injuries or accidents in connection with my child or myself participating in BRPD programs. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

I agree to indemnify and save harmless the Town of Belhaven from claims of bodily injury and/or property damage of all persons arising out of involvement with programs, activities on the premises used by me or my child. I further agree to see that I or my child, care for any uniform or equipment issued and that it is returned promptly upon termination of play. I will compensate the Town of Belhaven if equipment is lost, stolen or damaged beyond regular wear and tear. I will also provide transportation to practices and games or make necessary arrangements to do so when applicable.

For the safe enjoyment of this program by all participants the BRPD has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them.

In the event that my child is injured and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by BRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions that are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Signature of Parent of Guardian (under 18)
Signature of Participant (over 18)

This form may be completed and mailed with the appropriate fee to: Town of Belhaven, Attn: Recreation Department, PO Box 220, Belhaven, NC 27810; Any Questions may be directed to (252)943-3055 Ext 10. (For additional information) visit the Town of Belhaven Website at: www.belhavennc.us (Recreation)