Greenville Recreation & Parks Department
Adult Registration Form

PROGRAM NAME:

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY.

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:	STATE:	ZIP:	GREENVILLE CITY LIMITS? ____YES _____ NO
PHONE NUMBER:		E-MAIL:	
DATE OF BIRTH: / /	AGE (as of today):	SEX (please circle): MALE FEMALE	
E-MAIL ADDRESS:			

MEDICAL INFORMATION (allergies, special medications, instructions, etc.)

❑ **Please check this box if you wish to be contacted regarding special accommodations to participate in the program.**

IN CASE OF AN EMERGENCY, CONTACT/CALL:

NAME:	RELATIONSHIP:
PHONE:	

PERMISSION, RELEASE, AND ASSUMPTION OF RISK

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

I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken while participating in this program.

For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree that if I am injured, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat me, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

_____

(Please Print) Name of Participant **DATE**

_____

Signature of Participant/Guardian **DATE**

Mail to: Greenville Recreation & Parks, PO Box 7207, Greenville NC 27835