

# ADULT REGISTRATION FORM

**TEAM NAME:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M or F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Age \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

Softball: \_\_\_\_ Kickball: \_\_\_\_ Basketball: \_\_\_\_ Pickleball: \_\_\_\_ Tennis: \_\_\_\_ Cornhole: \_\_\_\_

Henderson Resident  Vance County Resident  Out of County Resident

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Health Insurance Coverage: yes / no Insurance Company \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

**\*Special Needs:** The Henderson-Vance Recreation and Parks Department will attempt to provide reasonable accommodations for program participants when the need for accommodation is requested well in advance. To insure a medically safe and appropriately planned program, please list any special need or precaution which may require program accommodations for participating (i.e., visual or hearing impairment, mental or physical disability, heart condition, history of seizures, asthma, ADD, etc.

**Adult Participant Agreements:**

I acknowledge every effort will be made to contact parents/guardians or Emergency Contact person in the case of medical emergency. If parents/guardians or Emergency Contact person cannot be reached, I authorize the Henderson-Vance recreation staff to seek appropriate medical (physician, dentist, nurse, etc.) care for the above named participant, and agree to be responsible for any costs associated with said care. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the Recreation Program will be given during the program. I give permission for my child to be transported in vehicles provided by the Recreation Department. I authorize that pictures may be taken of the above participant while participating in activities and may be used for program publicity. I, the parent/guardian or Emergency Contact person of the above named individual, do hereby give my approval for his/her participation in any and all activities of the Recreation Department.

I assume all the risks and hazards incidental to the conduct of these activities, transportation to and from the activities; and I do further hereby release, absolve, indemnify and hold harmless the Department, its agents, officials, sponsors and employees any or all of them from all liability arising from the same. In case of injury to myself, my child/dependent, I hereby waive all claims against the Department, its agents, officials, sponsors and employees any or all of them. Falsifying information pertaining to birth date or legal address will constitute ineligibility to participate in Recreation Department programs.

**Refund Policy:** Fees are 100% refundable when the class is cancelled by the department. 50% of registration fee will be refunded if patron cancels 7 calendar days or more in advance of the first day of the program. 100% credit/transfer allowed if patron requests 7 calendar days or more in advance of program. No refund/transfer/credit will be issued if patron cancels less than 7 days in advance of the first day of the program. Once a participant has been placed on a team no refunds will be given. Athletic insurance fees are non-refundable. In case of inclement weather, use of outdoor facilities will be rescheduled pending space availability. Refunds/Transfers/Credits must be requested in writing. Certain restrictions apply.

**Non-Discrimination Policy:** The Henderson-Vance Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with the Director of the Henderson-Vance Recreation and Parks Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC. 20240.

**Payment Section**

I agree that:

1. Full payment is due at time of registration.
2. Incomplete or missing forms will result in registration being returned and not processed

The following information is required for registration. Please check that all of the following information is included.

\_\_\_\_ Payment      \_\_\_\_ Registration Form

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_