

# Fletcher Parks & Recreation

## Program Registration Form

Program: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Resident: \_\_\_\_\_ Non-Resident: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Medical Information:

Conditions/Medications: \_\_\_\_\_

In case of emergency transport to: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

---

In consideration of my/my child's participation in the aforementioned Fletcher Parks & Recreation program/activity (including travel), I hereby discharge and release the Town of Fletcher, the Parks & Recreation Department, and any and all employees or agents thereof of all claims of any kind or nature whatsoever arising out of the actions of the above said employees or agents, to the extent allowed by law. I have informed the Parks & Recreation Department's staff of any physical conditions that may hinder my/my child's participation in the program/activity.

Signature: \_\_\_\_\_ Parent/Guardian of Minor: \_\_\_\_\_

**Mail to:** Fletcher Parks & Recreation, 4005 Hendersonville Road, Fletcher, NC 28732

**Fax to:** 828.687.7133

**Voice:** 828.687.0751

---

-Staff Use Only-

**Payment Received:** Yes No **Check #:** \_\_\_\_\_ **Amount Paid:** \$ \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **R** \_\_\_ **NR** \_\_\_ **Staff Initials:** \_\_\_\_\_