

Town of Faison
Anne Stroud Taylor Recreation & Wellness Center
GENERAL SPORTS REGISTRATION FORM (One per child)

184 PARK CIRCLE FAISON, NC 28341
OFFICE: 910-267-0115 FAX: 910-267-1848

NAME _____ DATE _____
Parent or Guardian

ADDRESS: _____
STREET CITY ST ZIP

PHONE (HOME) _____ (CELL) _____ EMAIL _____

EMERGENCY CONTACT (if other than parent) _____ PHONE # _____

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____

COST \$45 (1ST child) \$40 per child for additional children

CHECK ONE:	\$FEE AMOUNT
<input type="checkbox"/> Basketball	\$ _____
<input type="checkbox"/> Volleyball	\$ _____
<input type="checkbox"/> Tennis	\$ _____
<input type="checkbox"/> Baseball	\$ _____
<input type="checkbox"/> Soccer	\$ _____
<input type="checkbox"/> Softball	\$ _____
<input type="checkbox"/> Football	\$ _____
Other _____	\$ _____

CHECK SHIRT SIZE:	
<input type="checkbox"/> Youth Small (6-8)	<input type="checkbox"/> Adult Med (38-40)
<input type="checkbox"/> Youth Med (10-12)	<input type="checkbox"/> Adult Large (42-44)
<input type="checkbox"/> Youth Large (12-14)	<input type="checkbox"/> Adult X-Large (46-48)
<input type="checkbox"/> Adult Small (34-36)	<input type="checkbox"/> Adult XX-Large (50-52)

LIABILITY WAIVER

In consideration of being allowed to participate in any way in the Recreation and Wellness Center's athletics, fitness room and/or related activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or from the conditions of the premises or of the equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for the damages of equipment and self.
3. Release, waive, discharge and covenant not to sue the Anne Stroud Taylor Recreation & Wellness Center, the Town of Faison, Commissioners, town employees from any and all liability to each including death or damaged property.
4. Staff members have complete authority to ask anyone to leave the premises at any time.

Signature _____ Date _____
(Parent/Guardian)

OFFICE USE ONLY

Date Received _____ Fee \$ _____ Date Paid _____ Computer Registration Complete ____ Yes

Receipt # _____ Staff Signature _____