

# Town of Faison

## Anne Stroud Taylor Recreation & Wellness Center

### SUMMER CAMP REGISTRATION FORM (one per child)

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

NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_  
(Child)

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ CURRENT AGE \_\_\_\_\_

PARENT or GUARDIAN NAME \_\_\_\_\_ CONTACT # \_\_\_\_\_

PARENT or GUARDIAN EMAIL \_\_\_\_\_

EMERGENCY CONTACT (if other than parent):

NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

**CHECK ONE:**

- |  |              |
|--|--------------|
| <input type="checkbox"/> Basketball        | FEE \$ _____ |
| <input type="checkbox"/> Select Basketball | _____        |
| <input type="checkbox"/> Volleyball        | _____        |
| <input type="checkbox"/> Soccer            | _____        |
| <input type="checkbox"/> Softball          | _____        |
| <input type="checkbox"/> Cheerleading      | _____        |
| <input type="checkbox"/> Archery           | _____        |
| <input type="checkbox"/> Art               | _____        |
| <input type="checkbox"/> Football          | _____        |
| <input type="checkbox"/> Miscellaneous     | _____        |

COST MAY VARY DEPENDING ON CAMP

**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 \_\_\_\_\_  
(Participant or Parent/Legal Guardian)

Date \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Total Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Computer Registration Complete  Yes

Receipt # \_\_\_\_\_ Staff Signature \_\_\_\_\_