



# Parks and Recreation Program Registration Form

To register for a program, fill out this form and return it to one of our facilities. All fields are required unless they say otherwise and program fees are due when you register.

## Household Information

If you live or own property in the Town limits, Carrboro town limits, or Orange County, you count as a resident. Non-residents are also welcome but may pay higher fees and have later registration dates.

- Chapel Hill resident     Carrboro resident  
 Orange County resident     Non-resident

\_\_\_\_\_

Household Address

Household Email

Phone  Cell     Home     Work

Preferred language:  English     Spanish     Burmese  
 Karen     Other: \_\_\_\_\_

## Emergency Contact

*Must be an adult that's not in the household.*

First & Last Name

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

## Sign Here

Please read our waiver at [chapelhillparks.org/waiver](http://chapelhillparks.org/waiver) and sign below to confirm that you read it and agree to it. Each person registering for a program needs to sign or be signed for by a parent/guardian.

- I have read and agree to the waiver at [chapelhillparks.org/waiver](http://chapelhillparks.org/waiver). A physical copy of the waiver is available on request.  
 You can use my data (separate from any personal identifying information) in research projects. Read more at [chapelhillparks.org/waiver](http://chapelhillparks.org/waiver).

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Household Members

Please fill out these sections for every member of your household who is registering for a program on this form. If you're registering a child, fill out a section for at least one parent/guardian in their household.

Demographics: Sharing this information is optional; we'll only use it to improve our services. Check all that apply.

### Main Household Member

*Must be an adult.*

Preferred First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Pronouns \_\_\_\_\_

- Gender:  Female     Male     Non-binary     Transgender     Other  
 Ethnicity:  Hispanic     Asian     African American     American Indian or Alaskan Native  
                    White     Native Hawaiian or Pacific Islander     Other

Program Name	Activity Number

Does this participant have unique skills, abilities or special needs?

### Household Member

Preferred First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name (if child) \_\_\_\_\_ Grade (if child) \_\_\_\_\_ Pronouns \_\_\_\_\_

- Gender:  Female     Male     Non-binary     Transgender     Other  
 Ethnicity:  Hispanic     Asian     African American     American Indian or Alaskan Native  
                    White     Native Hawaiian or Pacific Islander     Other

Program Name	Activity Number

Does this participant have unique skills, abilities or special needs?

Shirt Size (*For youth athletics only*)  
 S     M     L     XL  
 Youth     Adult

**More household members? Put them on the back!**



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### Household Member

Preferred First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade (if child) \_\_\_\_\_

Parent/Guardian Name (if child) \_\_\_\_\_ Pronouns \_\_\_\_\_

- Gender:  Female  Male  Non-binary  Transgender  Other
- Ethnicity:  Hispanic  Asian  African American  American Indian or Alaskan Native  White  Native Hawaiian or Pacific Islander  Other

Does this participant have unique skills, abilities or special needs?

Shirt Size (For youth athletics only)  
 S  M  L  XL  Youth  Adult

Program Name	Activity Number



### Scan me

To read the full waiver and learn more about how we protect your personal information.

### Household Member

Preferred First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name (if child) \_\_\_\_\_ Grade (if child) \_\_\_\_\_ Pronouns \_\_\_\_\_

- Gender:  Female  Male  Non-binary  Transgender  Other
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### Household Member

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Parent/Guardian Name (if child) \_\_\_\_\_ Grade (if child) \_\_\_\_\_ Pronouns \_\_\_\_\_

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