



COUNTY OF DARE
PARKS & RECREATION

WWW.DARENC.COM

REGISTRATION FORM

**Developing
 Character
 Promoting
 Respect**

PLEASE BRING FORM TO YOUR LOCAL DIVISION OFFICE:

NORTHERN BEACH

Dare County Family Recreation Park
 602 Mustian Street
 Kill Devil Hills, NC 27948
 252-475-5920

HATTERAS ISLAND

The Fessenden Center
 46830 Highway 12
 Buxton, NC 27920
 252-475-5650

ROANOKE ISLAND/MAINLAND

Lions Club Center at Westcott Park
 1000 Westcott Park Road
 Manteo, NC 27954
 252-475-5910

PARENT/GUARDIAN'S INFORMATION	PARTICIPANT'S INFORMATION
Name(s) _____ Primary Phone # _____ Work # _____ Cell _____ *Email _____ * Activity Information is sent via email PO BOX _____ City _____ NC Zip _____ Physical Address _____ City _____ State <u>NC</u> Zip _____ Has any information changed ? _____	Name _____ Birth date ____/____/____ Age ____ Gender: Male Female School _____ Grade _____ Medical Concerns / Allergies _____ _____ Insurance Co _____ OTHER _____

Knowing that the physical condition of my child is satisfactory to participate in **DARE COUNTY PARKS AND RECREATION & / OR Co-Sponsored Activities**, I hereby give permission for him/her to participate. I further accept responsibility for my child in case of injury. I hereby release the Recreation Department, Dare County, The Towns and Their Agents, Employees, the director and such other officers and/or volunteers from any liability that may occur as a result of any accident that may occur to my child. ***I have attended a parents orientation session and received a copy of the Dare County Parks & Recreation Code of Conduct. By signing this document I enter into an agreement with the Parks & Recreation staff, volunteers and County government to uphold these rules and regulations and fully understand the consequences, if I/we fail to comply.***

SIGNATURE _____ **Date** ____/____/20__

CODE	ACTIVITY / PROGRAM NAME	CLASS DAY/TIME / AGE GROUP	FEE

REFUND POLICY ~ Approved by Parks and Recreation Advisory Committee (10.10.07) Refunds for activities or programs will not be issued after that activities/programs registration deadline. Exceptions include medical reasons, participant moves out of the area, or if the department cancels or reschedules a program. If a check is requested a \$10 processing fee will still be subtracted from the refund amount, or you may hold an account credit within DCPR System. All requests for refunds must be submitted *in writing* before the start of that activity/program.

FOOD ALLERGIES ~ The Dare County Parks and Recreation Department wants to protect all involved in our programs. From time to time, participants have certain food allergies. Please have your child prior to class or practice/game wash their hands and not consume certain foods. If you are a parent of a child with severe allergies, please communicate with teacher/coach regarding protocol to ensure your child's safety.

LATE FEE ~ \$5.00 WILL BE ASSESSED AFTER THE REGISTRATION DEADLINE (UPDATED 3.14.2012)

We accept Cash, Debit/Credit Cards & Checks payable to: DARE COUNTY GENERAL FUND (DCGF)

**PLEASE
 TURN OVER**

***** FOR OFFICE USE ONLY ***** ORIENTATION DATE: ____/____/____
 DATE ____/____/20__ R# _____ \$ _____ CK# _____ / CASH CC _____ BY _____

PHOTOGRAPH / INTERVIEW AUTHORIZATION AND CONSENT FORM FOR MINORS and CODE OF CONDUCT AGREEMENT

PHOTOGRAPH / INTERVIEW AUTHORIZATION AND CONSENT FORM FOR MINORS

I am the parent or legal guardian of _____, who is a minor child and I agree that he or she may be interviewed and/or photographed by Dare County staff or media partners approved by Dare County, concerning Dare County Parks and Recreation programs or activities.

I acknowledge and agree that resulting interviews, photographs, writing, artwork, audio, or video may be used or published by Dare County or a media partner approved by Dare County, for informational, news, current events, publicity or any other purposes which are legal and approved by Dare County.

I acknowledge and agree that such material shall be the property of Dare County or its approved media partner, and that Dare County or its approved media partner shall have the right to duplicate, reproduce, and make other uses of such material in conformance with the terms hereof without further consent for the undersigned and free and clear of any claims whatsoever.

I acknowledge and agree that this authorization and consent form shall remain in full force and effect until terminated in writing by the parent or guardian of the above named child.

CODE OF CONDUCT AGREEMENT

I have read and fully understand the Dare County Parks and Recreation Department Code of Conduct, explaining the policies and procedures that shall be used in all County recreational buildings and County owned property and at all Parks and Recreation events, regardless of when and where the activity takes place.

By signing this document I enter an agreement with the Parks and Recreation staff, volunteers and County government to uphold these rules and regulations and fully understand the consequences, if I fail to comply.

Also by signing I acknowledge that I am responsible for guests and visitors that I bring to facilities and events. I will ensure they fully understand the rules and regulations and understand the consequences, if they fail to comply.

Parent/guardian Printed Name _____ Date _____

Parent/guardian Signature _____ Date _____