Parks AND Recreation
Goldsboro, NC

Registration Form

For more information call

919-739-7480

Complete and sign this form.
Checks made payable to
Goldsboro Parks & Recreation.
Return form and full payment

Program:_____

Participant's Name:_____

Home Address:_____

(Street Address, Not PO Box)

_____

City State Zip Code

Mailing Address

PO Drawer A

Goldsboro, NC 27534

Office Location

901 East Ash Street

Goldsboro, NC 27530

Contact Information

Home Phone_____

Work Phone:_____

Other Phone:_____

Email:_____

Emergency/Medical Information

Emergency Contact:_____ **Phone #**_____

Doctor/Physician's Name:_____ **Phone #**_____

Known Allergies or Chronic Medical Conditions (n/a for none)

_____

Medications Currently taking:_____

T-Shirt Size

Youth	**S**	**M**	**L**		
Adult	**S**	**M**	**L**	**XL**	**XXL**

Additional Information for Youth/Teen Programs

Participant's Birth Date:_____ **Age**_____ **M or F**

Parent/Guardian_____ **Phone:**_____

Parent/Guardian_____ **Phone:**_____

School Name:_____ **Grade level:**_____

Warning, Refund Statement, Liability Release and Acknowledgement and Assumption of Risk

I understand that participation in this recreation program involves risk of injury. These risks include but are not limited to collision with other participants, being hit by ball or bat, tripping or falling, contact with other participants that may have infections (communicable) diseases, physical exertion or other accidents. I further understand that before participating in this or any programs, I should consult a Physician for advice. There are absolutely no refunds. Complete refund policy available upon request. By signing this form I acknowledge all risk of injury and death and affirm that I am willing to assume responsibility should injury or death result from them. I also agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment from the City, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from this program, and to release those parties from any liability for damages resulting from the injuries or death. I understand that no insurance coverage is provided by the City of Goldsboro.

Signature of Participant:_____ Date:_____

Signature of Parent/Guardian:_____ Date:_____

For Office Use Only

Date Received: _____ Verified & Recorded: _____ Amount Due:_____