



**Program Registration  
& Waiver Form**

Program for which you are registering: (include program dates) \_\_\_\_\_

Name of participant: \_\_\_\_\_

Address of participant: \_\_\_\_\_

Residency (check one): City of Kannapolis Resident: \_\_\_\_\_ Non-resident: \_\_\_\_\_

age: \_\_\_\_\_ date of birth: \_\_\_\_\_ grade in school: \_\_\_\_\_ sex: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Please list any allergies (drugs, plants, animals, etc.), medical conditions, restrictions or necessary special accommodations which the instructor or director should be aware of:

Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

2<sup>nd</sup> emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Parental/Participant Consent Release and Waiver**

I (or my child/ren) am voluntarily participating in the program, class or event written above. In return for the opportunity to participate, I voluntarily for myself (or child/ren) waive, release, indemnify and hold harmless the City of Kannapolis, its employees, and contractors from any liabilities, claims, damages, injuries, losses, and expenses including reasonable attorneys fees and costs whatsoever, including those for personal injury, death, or property damage, which may arise from or in connection with participation in this program, class or event.

If this registration is for one of my minor children, I grant my permission to allow my child's name, demographic information and phone number to be used at the discretion of the Department for conducting the normal business of the programs operated or sponsored by the department.

I herby give to the City of Kannapolis consent for emergency treatment and transportation of my minor child for any condition that may arise from or in connection with participation in the program, class or event and I shall be responsible for the payment of all costs associated with such emergency treatment or transportation. And I herby give permission for the information above to be released to emergency personal.

Furthermore, I herby give permission to the City of Kannapolis to use any photographs or video recordings taken by the City of Kannapolis, its officers, employees or agents of, either me or my child/ren, during participation in this program, class or event to be used at the discretion of the Department. I agree such photographs shall be the property of the City of Kannapolis and I am not entitled to compensation of any kind for use of such photographs.

I agree to abide by all City ordinances and Parks and Recreation rules and regulations and understand that the City has the right to close registrations and to change fees and requirements when necessary. Pursuant to the Freedom of Information-Privacy Act and North Carolina General Statutes Chapter 132, Public Records, portions of this registration form may be considered a public record. This release shall remain in effect until cancelled in writing.

Parent/Guardian Signature

Date

**Please return with registration fee, if applicable, to:  
Kannapolis Parks and Recreation, PO Box 1199, Kannapolis, NC 28082  
Phone: 704-920-4343; Fax: 704-920-4342; Website: www.cityofkannapolis.com**