



**Mission Statement:** To provide quality leisure services through safe, attractive, maintained parks, cemeteries, landscapes and diversified programs that meet the current and future needs of the community... along with our continued commitment of providing excellent customer service.

**PROGRAM REGISTRATION FORM – (Youth)**

Participants Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mobile Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Status: [ Resident  Non-Resident  ] [ Male  Female  ]

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**PROGRAM INFORMATION**

Program Title: \_\_\_\_\_ Days: \_\_\_\_\_ Times: \_\_\_\_\_ Cost: \_\_\_\_\_

How did you hear about this program?  Brochure/Flyer  Newspaper  Facebook/Twitter  Radio  Other

If other, please list: \_\_\_\_\_

T-Shirt Size (For Specific programs only): \_\_\_\_\_

**The following are authorized to pick up my child from the program:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL/EMERGENCY CONTACT INFORMATION**

Conditions/Medications: \_\_\_\_\_

In case of emergency transport to: \_\_\_\_\_

**In case of an emergency please contact:** Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**In considerations of my participation in the above mentioned Salisbury Parks and Recreation program or activity (including traveling). I hereby discharge and release the City of Salisbury, the Parks and Recreation Department, and any and all employees of the agents thereof all claims of any kind or nature whatsoever arising out of the actions of the above said employees or agents to the extent allowed by law. I have informed the Parks and Recreation Department's staff of any physical conditions that may hinder my participation in the program /activity. I understand, acknowledge and consent that my photograph, likeness or image may be displayed for advertising purposes without further compensation or notice.**

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

Make Check payable to: City of Salisbury. Mail to: Salisbury Parks and Recreation, P.O.B 4053, Salisbury, NC 28145-4053  
Check our web site: [www.salisburync.gov/pkrec](http://www.salisburync.gov/pkrec)

**-Staff Use Only-**

Payment Received: Yes No (Circle One) Cash: \$ \_\_\_\_\_ Check: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Payment by Credit Card: Yes No (Circle One) \*Fill out Payment by Credit Card Form.

Staff Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_

Revised: 09/2013