



DUNN PARKS & RECREATION

205 JACKSON ROAD DUNN NC 28334
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910-892-2976 (PH) 910-892-7001 (FAX)



REGISTRATION, EMERGENCY, AND LIABILITY RELEASE FORM

Summer Camp(s): Boys Basketball, Girls Basketball, Tennis, Volleyball, Softball, Arts & Crafts, Fun & Games, Baseball, Soccer (Indoor/Outdoor), Weight Training & Physical Conditioning
(Check which camps your child will be attending) Complete all information for our records.

Camper's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Camper's Date of Birth: _____ Age: _____ M/F: _____ Tshirt Size: _____

Name of Parent/Guardian: _____ Email: _____

Phone #'s: **Home:** _____ **Work:** _____ **Cell:** _____

Family Physician Name & Phone Number: _____

Minor Waiver and Release of Liability/Parent Consent

I understand that participation in sports and physical activity may lead to injury and hereby give my permission for my child to participate in the Dunn Recreation Sports Camp(s) and programs. I release, and hold harmless all Camp employees, Dunn Middle School, Triton High School, The Harnett County School System, its directors, coaches, or any other employees of the Harnett County School System and the Dunn Recreation Department and the City of Dunn and its employees from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future for injuries, death or illness that might occur during these summer programs in consideration for allowing the Dunn Recreation Department to use the Harnett County School System's facilities during these programs. I verify that to the best of my knowledge the above named applicant is physically able to fully participate in all activities associated with these programs. As a participant in a sports environment, the above camper accepts the responsibility to play in a sportsmanlike manner and accepts the inherent risk of athletic injury.

I also understand that in the case of injury or sickness every attempt will be made to contact me, but in case I cannot be reached, I give my consent for my child to be treated by emergency and medical care professionals, as they deem necessary.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I understand that while participating in the Dunn Parks and Recreation summer camps, my child is expected to conduct him/herself in an orderly manner. They are expected to respect the instructor and the other campers. If a behavior problem arises I understand that he/she may be removed from the camp with no refund.

I further understand that I am expected to drop off and pick up my child on time to prevent the instructor from having to wait after class.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Mission Statement

The City of Dunn Parks and Recreation Department is dedicated to creating positive experiences by providing quality parks, facilities, services and programs for all our citizens. The goal of our youth athletic program is to offer a rich year-round schedule of athletic activities that encourage children to play a variety of sports, and to provide them with the opportunity to have fun while developing physically, emotionally and socially. The Recreation Department will strive to teach skills and sportsmanship through participation in the development of all youth and to teach the rules of play in each specific sport.

OFFICE USE ONLY				
AMT PAID	CASH/CK#	I/O	R/C	RECEIPT#