



**Apex Parks, Recreation and Cultural Resources Registration Form**  
**Mailing Address: PO Box 250 Apex, NC 27502 (Make checks payable to: Town of Apex)**

Participant's First Name: \_\_\_\_\_ Participant's Last Name: \_\_\_\_\_ Primary Phone# \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

Emergency Contact (Other Than Parent): \_\_\_\_\_ Emergency Contact Phone# \_\_\_\_\_

Medical Conditions / Allergies / Special Needs: \_\_\_\_\_

**Does the participant need reasonable accommodation(s) to participate in this program? Yes / No**

If yes, someone from inclusion services will follow-up with you regarding your request. The Apex Parks, Recreation and Cultural Resources welcomes the participation of individuals of all abilities. In compliance with the ADA, we will provide reasonable accommodations to facilitate participation in our program. To ensure that reasonable accommodations are in place, accommodation requests should be received at least two weeks prior to the start date of the program. For more information, please contact Allie Prelaske at 919-249-3507.

| Participant(s) | DOB | Program Title | Course Code | Start Date | Fee | Receipt # | Staff | Customer |
|----------------|-----|---------------|-------------|------------|-----|-----------|-------|----------|
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Statement of Waiver

I, for myself or as a parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Town of Apex, employees of the Town, volunteers, contractors and/or sponsors from all risk and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Apex Parks, Recreation and Cultural Resources Department. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission. As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Apex does not provide transportation to or from activities scheduled by the APRCR. Photo Policy: I hereby grant my permission to allow my and /or my child's photo, as part of a group photo and without individual identifying information, to be used by the APRCR for promoting programs operated or sponsored by the department.

**Signature** (Parent's signature for participants under 18): \_\_\_\_\_ **Date:** \_\_\_\_\_