



COUNTY OF DARE  
**PARKS & RECREATION**

WWW.DARENC.COM

**REGISTRATION FORM**

**Developing  
 Character  
 Promoting  
 Respect**

**PLEASE BRING FORM TO YOUR LOCAL DIVISION OFFICE:**

**NORTHERN BEACH**

Dare County Family Recreation Park  
 602 Mustian Street  
 Kill Devil Hills, NC 27948  
 252-475-5920

**HATTERAS ISLAND**

The Fessenden Center  
 46830 Highway 12  
 Buxton, NC 27920  
 252-475-5650

**ROANOKE ISLAND/MAINLAND**

Lions Club Center at Westcott Park  
 1000 Westcott Park Road  
 Manteo, NC 27954  
 252-475-5910

Participant's Name \_\_\_\_\_ Gender: Male Female

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

PO BOX \_\_\_\_\_ Physical Address \_\_\_\_\_

City \_\_\_\_\_ State NC Zip \_\_\_\_\_ Resides with \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

PHONE #'S - (H) \_\_\_\_\_ (W) \_\_\_\_\_ (other) \_\_\_\_\_

Email (optional) \_\_\_\_\_ @ \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_

Knowing that the physical condition of my child is satisfactory to participate in *Dare County Parks and Recreation activities*, I hereby give permission for him/her to participate. I further accept responsibility for my child in case of injury. I hereby release the Recreation Department, Dare County, The Towns and Their Agents, Employees, the director and such other officers and/or volunteers from any liability that may occur as a result of any accident that may occur to my child. *I have attended a parents orientation session and received a copy of the Dare County Parks & Recreation Code of Conduct. By signing this document I enter into an agreement with the Parks & Recreation staff, volunteers and County government to uphold these rules and regulations and fully understand the consequences, if I/we fail to comply.*

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

ACTIVITY / PROGRAM NAME	CLASS DAY/TIME	FEE

REFUND POLICY ~ Approved by Parks and Recreation Advisory Committee (October 10, 2007) Refunds for activities and programs will not be issued after that activities/programs registration deadline. Exceptions include medical reasons, participant moves out of the area, or if the department cancels or reschedules a program. A \$10 processing fee will still be subtracted from the refund amount. All requests for refunds must be submitted *in writing* before the start of that activity/program.

**LATE FEE ~ \$5.00 WILL BE ASSESSED AFTER THE REGISTRATION DEADLINE, (UPDATED 10.07.09)**

**We accept Cash, Debit/Credit Cards & Checks payable to: DARE COUNTY GENERAL FUND**

\*\*\*\* FOR OFFICE USE ONLY \*\*\*\* ORIENTATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / 20\_\_ R# \_\_\_\_\_ \$ \_\_\_\_\_ CK# \_\_\_\_\_ / CASH CC BY \_\_\_\_\_ ID# \_\_\_\_\_