



**Salisbury Parks &  
Recreation Department**  
PROGRAM REGISTRATION FORM

Household Name:

Participant's Name:

Home Phone:

Work Phone:

Address:

City:

Zip:

State:

Subdivision:

Status:

Resident

Non-Resident

Male

Female

Date of Birth:

Age:

Grade:

School:

**PROGRAM INFORMATION**

Activity:

Days:

Times:

Cost:

**MEDICAL INFORMATION**

Conditions/Medications:

In case of emergency, transport to:

In case of an emergency, contact:

Name:

Phone:

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**In considerations of my/my child's participation in the aforementioned Salisbury Parks and Recreation program or activity (including traveling), I hereby discharge and release the City of Salisbury, the Parks and Recreations Department, and any and all employees of the agents thereof all claims of any kind or nature what so ever 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 or any physical conditions that may hinder my/my child's participation in the program/activity.**

Signature: \_\_\_\_\_ Parent or Guardian of Minor: \_\_\_\_\_

Mail to : Salisbury Parks and Recreation, P.O.B 4053, Salisbury, NC 28145-4053

Check our web site: <http://www.ci.salisbury.nc.us/pkrec/index/htm>

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-Staff Use Only-

Payment Received: Yes No      Check # or amount: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Received: \_\_\_\_\_      Date entered into Computer: \_\_\_\_\_