

**Town of Indian Trail
Program Registration Form**

Please return completed registration form to:

100 Navajo Trail, Indian Trail, NC 28079

Phone: (704) 821-3689

Fax: (805) 821-3689

E-mail: hkramer@admin.indiantrail.org

Adult/Guardian Information	Participant's Information <input type="checkbox"/> Same as Adult
Name:	Name (s):
Primary Phone Number:	DOB:
Alternate Phone:	Gender:
Email:	Medical Concerns/Allergies:
Address:	
City, NC, Zip:	
Emergency Contact:	
Phone:	

Waiver: Knowing that the physical condition of myself/child is satisfactory to participate in Town of Indian Trail Park and Recreation and/or co-sponsored activities, I hereby give permission for me/him/her to participate. I further accept responsibility for myself/child in case of injury. I hereby release the Recreation Department, Town of Indian Trail, 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 myself/child. I acknowledge and agree that interviews, photographs, videos, writings, artwork or audio may be used or published in any form by the Town of Indian Trail.

Credit Policy: No credits for activities or programs will be issued within 14 days of the activity or program. Anyone wishing to cancel or withdraw from an activity or program must do so in writing a minimum 15 days before the start of the activity or program; no cash refunds will be given at any point, a credit will be applied to the account for future activates, programs or rentals.

Signature: _____

Date: _____

Activity/Program Name	Day/Time/Age	Fee

For Office Use Only

Date Received:

Payment Method

Cash: _____ Check: # _____

Reference Number: