

**Town of Indian Trail  
Program Registration Form**  
Please return completed registration form to:  
**100 Navajo Trail, Indian Trail, NC 28079**  
**Phone: (704) 821-8114**  
**Fax: (704) 821-9045**  
**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.

**Program Minimum/Maximum:** Programs will have a minimum and maximum student count. If the minimum number is not met, the program may be canceled. Any fees will be converted to a user credit for future programs or rentals. If the maximum number is reached, participants will be added to a waitlist and contacted in the order the registration forms were received if a spot become vacant.

**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 activities, programs or rentals.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Activity/Program Name	Day/Time/Age	Fee

For Office Use Only

Date Received:

Payment Method

Cash: \_\_\_\_\_ Check: # \_\_\_\_\_

Reference Number:

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