

**WRIGHTSVILLE BEACH PARKS & RECREATION
REGISTRATION FORM**

P. O. Box 626, Wrightsville Beach, NC 28480
Phone (910) 256-7925 Fax (910) 256-7926
Email - parksandrecreation@towb.org

CLASS: _____

START DATE: _____

PARTICIPANT'S NAME: _____ *AGE: _____ DOB: _____

* (IF PARTICIPANT IS UNDER 18 YEARS OLD)

*PARENT'S NAME (IF PARTICIPANT IS UNDER 18 YEARS OLD): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

WRIGHTSVILLE BEACH ADDRESS: _____

List any physical conditions that the instructor should be aware of such as a heart condition, allergies, epilepsy, asthma, back or knee issues, etc. This information will not be used for discriminatory purposes.

In the event of an emergency, please contact:

Name: _____ Phone: _____

REFUND POLICY

REFUNDS will be made under the following guidelines for participants registering for class sessions:

1. **FULL REFUND** will be made if the program is cancelled by the Parks & Recreation Department.
2. **FULL REFUND less a \$5.00 administrative fee** will be made if requested two weeks prior to the start of the program.
3. If requested less than two weeks prior to the start of the program, twenty percent (20%) will be retained as an administrative cost.
4. If requested after the program has begun, forty percent (40%) PLUS a pro-rated amount for classes already conducted will be assessed.

REFUNDS FOR TOKENS will be made under the following guidelines:

A full refund (less a \$5 administrative fee) will be made if requested within 30 days of token purchase. Tokens must be returned to the park office with request for refund. If requested more than 30 days from purchase, 20% of purchase price will be retained as an administrative cost. No refund will be issued after 90 days.

I, the undersigned, desire for the person named as participant above, to participate in the above named program/activity offered by the Wrightsville Beach Parks and Recreation Department. I am aware that participating in said program/activity may involve some strenuous physical activity. I further understand that the Town of Wrightsville Beach, its staff and employees are under no obligation or duty to provide a physical examination or other evidence of my fitness to participate in this activity, such examination being my sole duty and responsibility. I hereby voluntarily release the Town of Wrightsville Beach, its Parks and Recreation Department, their staff, employees and program/activity instructors, from any and all responsibility of injuries or problems of any nature, which may arise as a result of participation in this program/activity.

Signature: _____ Date: _____