

**WRIGHTSVILLE BEACH PARKS & RECREATION  
REGISTRATION FORM**

**CLASS:** SHAG

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

**Class Dates:** \_\_\_\_\_  
**Fee (per person):** \$35 Wrightsville Beach Residents  
\$45 Non Residents

<p><b>Beginner or Intermediate</b> <b>4:30 – 5:30      5:30 – 6:30</b> <i>(circle one, either Beginner or Intermediate)</i></p>
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**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:** \_\_\_\_\_

**REFUND POLICY**

**REFUNDS** will be made under the following guidelines:

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.

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I, the undersigned, desire for the person named as participant above, to participate in the above named program/activity offered by Wrightsville Beach Parks and Recreation Department. I am aware that participating in said program/activity may involve some strenuous physical activity. 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.

Listed below are physical conditions the person named as participant above has that the instructor should be aware of (e.g., heart condition, epilepsy, asthma, etc.). This information will not be used for discriminatory purposes. \_\_\_\_\_

In the event of an emergency during class hours, please contact:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_