



**NEW BERN PARKS AND RECREATION DEPARTMENT
Kids and Canoes
REGISTRATION FORM 2017**

Name: _____ Age: _____ Birth Date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ School: _____ Weight: _____ Height: _____
E-mail address: _____

FAMILY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____
Mother's Name: _____ Home Phone: _____ Work Phone: _____

If unable to reach either parent in an emergency, call:

Name: _____ Phone: _____

Medical conditions, allergies, limitations or special needs of participant (as recommended by medical doctor):

Does Child attend a New Bern Parks and Recreation Summer Camp: Yes _____ No _____

SESSIONS ATTENDING (Check all that apply):

June 22 _____ June 29 _____ July 6 _____ July 13 _____ July 20 _____ July 27 _____

We, the undersigned parents or guardians of _____, do hereby certify to the Recreation Department of the City of New Bern that our child is in good health and is able physically to participate in **Kids and Canoes**.
sports or events

We do give him/her permission to participate in the above named event. We recognize children are occasionally hurt while engaged in ordinary play as well as in events of this type. We, therefore, specifically authorize the Recreation Department personnel, paid or volunteer, to take our child to a doctor or the emergency room of the hospital in the event it should appear necessary and we agree to pay any medical charges which are incurred. We assume all risks that come with our child's participating in this activity. We hereby waive all claims against the City of New Bern and if involved in this activity, the organizers, the sponsors or any of the supervisors appointed by them.

DATE: _____ SIGNATURE: _____ Parent,
Guardian