Registration Form

Please print clearly and fill out this form completely.

Mail-in (28 W Center St)
Drop off (512 Hargrave St)
Lexington Parks & Recreation
Phone: (336) 248-3960
www.lexingtonnc.gov

PARENT'S NAME | E-MAIL

ADDRESS | CITY / STATE | ZIP

HOME PHONE | CELL PHONE | WORK PHONE

PARTICIPANT #1 NAME:					
DOB	M/F	Grade	School	Program Name	Fee
Special Needs (allergies, medications, etc.)				T-Shirt Size **YS YM YL** (Circle one) **AS AM AL AXL**	Pant Size **YS YM YL** (Circle One) **AS AM AL AXL**
PARTICIPANT #2 NAME:					
DOB	M/F	Grade	School	Program Name	Fee
Special Needs (allergies, medications, etc.)				T-Shirt Size **YS YM YL** (Circle one) **AS AM AL AXL**	Pant Size **YS YM YL** (Circle One) **AS AM AL AXL**
PARTICIPANT #3 NAME:					
DOB	M/F	Grade	School	Program Name	Fee
Special Needs (allergies, medications, etc.)				T-Shirt Size **YS YM YL** (Circle one) **AS AM AL AXL**	Pant Size **YS YM YL** (Circle One) **AS AM AL AXL**

METHOD OF PAYMENT
☐ CASH ☐ CHECK # _____ ☐ MasterCard ☐ DISCOVER ☐ VISA RECIEPT #: _____ **TOTAL:** _____

REFUND POLICY
If you or your child needs to cancel a registration, you are eligible for a full refund if your request is received prior to the close of business the day before the program begins. Refunds are not available after program has started.

PHOTO POLICY
The City of Lexington Parks and Recreation Department may video tape or take photographs of participants enrolled in Lexington Parks and Recreation activities, classes, or programs, or may take photographs of people in City of Lexington parks. These photographs and/or video tapes are for use in future program magazines, brochures, promotional literature, websites, or for use on cable television.

WAIVER
I acknowledge all information is fact and hereby give permission for my child to participate in this program. I also agree to release the above information to the Lexington Parks and Recreation Department for this purpose.

X_____ _____
Signature of Parent, Guardian or Participant | Date

_____ _____
Print Name of Parent, Guardian or Participant | Employee Accepting Registration

If the signature of Adult Participant or Parent/Guardian of your Minor Child/Ward and Date are not on this Waiver, Participation in Activities/Programs will be denied.