



COUNTY OF DARE

Parks & Recreation

www.DareNC.gov/Parks

Developing Character Promoting Respect

PLEASE RETURN FORM TO YOUR LOCAL DIVISION OFFICE:

NORTHERN BEACH

@DCPRNorthenBeach

Dare County Family Recreation Park

602 Mustian Street

Kill Devil Hills, NC 27948

252-475-5920

HATTERAS ISLAND

@FessendenCenterHatterasIsland

The Fessenden Center

46830 Highway 12

Buxton, NC 27920

252-475-5650

ROANOKE ISLAND/MAINLAND

@DCParks.Rec.RIMD

Lions Club Center at Westcott Park

1000 Westcott Park Road

Manteo, NC 27954

252-475-5910

PARENT/GUARDIAN'S INFORMATION

Name(s) _____

Birth date ____ / ____ / ____ Gender _____

Primary Phone # _____

Work # _____ Cell _____

*Email _____

* Activity Information is sent via email

PO BOX _____ City _____ NC Zip _____

Physical Address _____

City _____ State NC Zip _____

Has any information changed ? _____

PARTICIPANT'S INFORMATION

Name _____

Birth date ____ / ____ / ____ Age _____

Gender: Male Female

School _____ Grade _____

Medical Concerns / Allergies _____

OTHER _____

Would you like to opt in for text messages? _____

Mobile Carrier _____

Knowing that the physical condition of my child is satisfactory to participate in **DARE COUNTY PARKS AND RECREATION AND/OR CO-SPONSORED ACTIVITIES**, I hereby give permission for him/her to participate. I further accept responsibility for my child in case of injury. I hereby release the Recreation Department, Dare County, The Towns 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 my child. **By signing this document I enter into an agreement with the Parks & Recreation staff, volunteers and County government to uphold these rules and regulations and fully understand the consequences, if I/we fail to comply.**

SIGNATURE _____ Date ____ / ____ /20____

ACTIVITY / PROGRAM NAME	CLASS DAY/TIME / AGE GROUP	FEE

PLEASE TURN OVER (READ & SIGN)

REFUND POLICY ~ Approved by Parks and Recreation Advisory Committee (10.10.07) Refunds for activities or programs will not be issued after that activities/programs registration deadline. Exceptions include medical reasons, participant moves out of the area, or if the department cancels or reschedules a program. If a check is requested a \$10 processing fee will still be subtracted from the refund amount, or you may hold an account credit within DCPR System. All requests for refunds must be submitted *in writing* before the start of that activity/program.

FOOD ALLERGIES ~ The Dare County Parks and Recreation Department wants to protect all involved in our programs. From time to time, participants have certain food allergies. Please have your child prior to class or practice/game wash their hands and not consume certain foods. If you are a parent of a child with severe allergies, please communicate with teacher/coach regarding protocol to ensure your child's safety.

LATE FEE ~ \$5.00 WILL BE ASSESSED AFTER THE REGISTRATION DEADLINE (UPDATED 3.14.2012)

We accept Cash, Debit/Credit Cards & Checks payable to: DARE COUNTY GENERAL FUND (DCGF)

***** FOR OFFICE USE ONLY *****

UPDATED 03.22.23

DATE ____ / ____ / 20____ R# _____ \$ _____ CK# _____ / CASH CC _____ BY _____

PHOTOGRAPH / INTERVIEW AUTHORIZATION **CODE OF CONDUCT AGREEMENT COMMUNICABLE
DISEASES ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

I am the parent or legal guardian of _____, a minor child.

PHOTOGRAPH / INTERVIEW AUTHORIZATION - I agree that the above child may be interviewed and/or photographed by Dare County staff or media partners approved by Dare County, concerning Dare County Parks and Recreation programs or activities.

I acknowledge and agree that resulting interviews, photographs, writing, artwork, audio, or video may be used or published by Dare County or a media partner approved by Dare County, for informational, news, current events, publicity or any other purposes which are legal and approved by Dare County.

I acknowledge and agree that such material shall be the property of Dare County or its approved media partner, and that Dare County or its approved media partner shall have the right to duplicate, reproduce, and make other uses of such material in conformance with the terms hereof without further consent for the undersigned and free and clear of any claims whatsoever.

I acknowledge and agree that this authorization and consent form shall remain in full force and effect until terminated in writing by the parent or guardian of the above named child.

CODE OF CONDUCT AGREEMENT - I have read and fully understand the Dare County Parks and Recreation Department Code of Conduct, explaining the policies and procedures that shall be used in all County recreational buildings and County owned property and at all Parks and Recreation events, regardless of when and where the activity takes place.

By signing this document I enter an agreement with the Parks and Recreation staff, volunteers and County government to uphold these rules and regulations and fully understand the consequences, if I fail to comply.

Also by signing I acknowledge that I am responsible for guests and visitors that I bring to facilities and events. I will ensure they fully understand the rules and regulations and understand the consequences, if they fail to comply.

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in any way in any Dare County sponsored activities, programs or events, or on or in Dare County or Dare County Board of Education facilities, including facilities used by but not owned by Dare County or the Dare County Board of Education, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19 (coronavirus). Participation does not always allow for and Dare County does not guarantee proper social distancing measures and practices, the wearing of face masks, the sanitization of equipment or facilities, or other measures to reduce the risks of illness or death from infectious diseases. While particular rules and personal discipline, choices and behavior may reduce this risk, the risk of serious illness and death still exist (the risk of serious illness and death hereinafter referred to as "all such risks"); and,
2. I am responsible for and willingly agree to comply with the stated and customary terms and conditions for participation, and acknowledge that even after following such guidelines there remains risk of serious illness or death. If, however, I observe any unusual significant hazard during my presence or participation, or if I feel that my health is at risk, I will remove myself from participation.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS and indemnify Dare County and the Dare County Board of Education, their Board Of Commissioners and Board of Education respectively, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, volunteers and game officials and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.

Parent/guardian Printed Name _____ Date _____

Parent/guardian Signature _____