



NEW BERN PARKS & RECREATION REC CARD PARTICIPANT REGISTRATION FORM

In order to participate in activities offered at any City of New Bern Recreation Center, participants must register by completing this form. A photo will be taken and kept on file. You will be issued a Rec Card at no cost. When visiting the Recreation Center, please check in by scanning your card.

Your Name: _____

First (Preferred) Name
Middle Initial
Last Name

Date of Birth _____ Current Age _____ Gender: _____
Note: If under the age of 18, a parent/legal guardian must sign this form.

Address _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Emergency Contact Name: _____ Phone# _____

Please list family members living at this address, that you would like to register. (Please include last name, if different.)

Name	Gender	Birth Date	Age	Relationship	ID # Issued:

I understand that in order to participate in any activities at a City of New Bern Recreation Center, I agree to fill this form out completely and honestly. I agree to follow all facility rules and regulations, and I understand that I will be given a copy of those rules. I understand that failure to comply will result in ejection from the facility. I also understand that future admissions are subject to be revoked for failure to follow the guidelines and/or listen to staff instructions. I further understand that I must provide a valid Photo ID (Age 15 and older) when registering and agree to have my photo taken. I understand that I will not have to fill out another form unless my information changes. **PARTICIPATION RELEASE-** I, for myself and my family members listed in this agreement, have read, and understand the information which is listed within this application. I agree to follow the rules and regulations governing the use and operation of the Recreation Center, as well as any programs or activities that I/We may participate in. I understand that prior to undergoing any physical activity that I should consult with a physician. I understand that accidents may happen. If I require medical treatment or medication while participating in activities at the Recreation Center, I give my permission for New Bern Parks & Recreation/EMS to provide the appropriate treatment. I agree to indemnify and hold harmless the City of New Bern, its departments, agents, employees, officials and volunteers for any injury, illness or damage to person or property during the course of facility use, or activity participation. **I agree to return all equipment loaned that my child may use or be responsible for the replacement costs. I have received and agree to follow the facility rules and regulations.**

 Name _____ Date _____ Name _____ Date

- Information entered into system.
- Photo Taken and Uploaded.
- Rules & Regulations Issued.
- Registration form scanned and uploaded into account.
- Original placed in Rec Card Folder.

Date Form Entered in System: _____

Authorized Staff Member: _____

Verified By: _____