

# PROJECT POSITIVE FOCUS REGISTRATION FORM

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CARE INFORMATION:

Does your child have any known allergies? Please be specific:

\_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Address of Doctor's Office: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Address of Dentist's Office: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Contact in case of emergency (other than parent/guardian):

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

**NORTH CAROLINA  
CRAVEN COUNTY**

**RELEASE FROM LIABILITY AND  
HOLD HARMLESS AGREEMENT**

In consideration of the opportunity to participate in Project Positive Focus, a volunteer activity to participate in a community outreach program organized by the New Bern Police Department ("NBPD"), a department of the City of New Bern, I hereby agree to release, defend, indemnify, and hold harmless the City of New Bern and its employees, agents, police officers, representatives, and public officials, from and against any and all claims, damages, losses, costs, responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the City, that I may incur arising out of the foregoing volunteer activity. I assume all risks associated with my voluntary participation in this program to be held from \_\_\_\_\_, 2016 to \_\_\_\_\_, 2017, including, but not limited to, falls, bodily injury, drowning, contact with other participants, water conditions, effects of the weather (including extreme cold, rain, wind and other weather related conditions), traffic, and all conditions of the geographic locations in which the program is to be conducted, all such risks to be known and appreciated by me.

The terms of this agreement shall also be binding as to any other persons, including all family members, heirs, executors, or administrators. I understand this is a binding contract that supersedes any other agreements or representations, and is intended to provide a comprehensive release of liability but is not intended to assert any defenses that are prohibited by law. If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

I have carefully read and understand this agreement, and I am aware that by signing this agreement I am waiving certain legal rights, including all right to use.

I have made NBPD aware of any medical conditions, medications, or special needs that I have that are relevant to my participation in the foregoing volunteer program.

I sign this agreement of my own free will.

I, the undersigned, am legally competent to sign this release. I have read the release and understand its contents. (If participant is under age 18, a parent or legal guardian must sign.)

Agreed on this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

I, being the parent or legal guardian of a minor under the age of 18 years signing above, having also read the above agreement and fully understanding its contents, approve of said minor's participation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Project Positive Focus Parental Consent for Photography

Your son/daughter \_\_\_\_\_ is participating in the 2016 Project Positive Focus Program. We are requesting parental permission for your child to be photographed for publications

regarding the summer camp program that may be used for public relations regarding promotion of the program.

I, \_\_\_\_\_, give my permission for my son/daughter, \_\_\_\_\_, to be photographed for publication.

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