



# BLADEN COUNTY PARKS AND RECREATION

PO Box 965, ELIZABETHTOWN, NC 28337

910-862-6770 • 910-862-2245(FAX)

## HITTING CAMP REGISTRATION FORM

SESSION 1: AGES 7-10  (\$50)

SESSION 2: AGES 11-14  (\$50)

### PARTICIPANT INFORMATION:

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PARENT'S NAMES \_\_\_\_\_

CELL PHONE(S) \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

SHIRT SIZE    **YXS**    **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**

### READ AND SIGN *RELEASE/WAIVER AGREEMENT*:

*In return for my child being allowed to participate in the selected Bladen County Parks & Recreation program, I release and agree not to sue the Bladen County Parks & Recreation Department, and their employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by the participant or me, my family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of the participant's participation in the program and caused by the ordinary negligence of the parties listed above, whenever, wherever or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the program, even if caused by their ordinary negligence. I understand that participation in the program involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the participant to participate in the program with knowledge of the danger involved and agree to accept all risk of such participation. I certify that the participant is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the selected program. Permission is granted for the participant to receive emergency medical treatment if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of the participant's participation in the program and all related activities. I agree to let the parties use the participants name and likeness free of charge in any manner and for any purpose without compensation to the participant or me. I understand that this document is intended to be as broad and inclusive as permitted by the laws of North Carolina and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in Bladen County, North Carolina. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am a parent/legal guardian of the participant named above and I agree that the terms of this agreement are binding on me and on the participant.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date