

**WENDELL PARKS AND RECREATION DEPARTMENT**  
**TRACK-OUT CAMP REGISTRATION FORM**  
*601 W. Third Street Wendell N.C. 27591 (919) 366-2266*

Participant's Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

M or F Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: K 1 2 3 4 5 (15-16 School Year)

**Parent(s)/ Guardian(s) Information**

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Father's Cell (\_\_\_\_) \_\_\_\_\_ Mother's Cell: (\_\_\_\_) \_\_\_\_\_

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

**2016 Track-Out Camp**

Please register at least one week prior to the dates you are requesting.

**Cost is \$25 per day (Paid in Full Prior to Your Child's First Date of Enrollment)**

**Please Circle the Session Needed and Write in Your Dates:**

March 7-18

March 28-April 19

July 11-29

October 3-21

Knowing the physical and health condition of my child, I give my approval of their participation in the Wendell Parks & Recreation Department's Track-Out program. I hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from such events. I understand that individual accident insurance is required by the Wendell Parks & Recreation Department and certify that my child is covered as indicated below. I also give permission to Wendell Parks & Recreation Department to use my child's picture or video in any publication and/or website.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Recreation Office Use Only**

Payment	Days Attending Camp	Date	CK #	Receipt #	Balance Due

## 2015-2016 Track-Out Camp

PARTICIPANT NAME:	
TRACK:	SCHOOL:

Name of Parent/Guardian 1: \_\_\_\_\_

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

Name of Parent/Guardian 2: \_\_\_\_\_

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

### Authorized Participant Release

Name	Cell Number	Work Number

**Health Information:** Please check if your child is subject to any of the following conditions:

- Asthma     
  Diabetes     
  Ear Infections     
  Fainting Spells     
  Heart Issues  
 Hyperactivity     
  Motion Sickness     
  Seizures     
  Sinus Issues

Allergies: (Please list any allergies that your child may be subject to)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any restrictions of activity due to medical issues:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Swimming Ability:    None                  Beginner                  Intermediate                  Advanced

I verify that I have reviewed all the information I have provided above and that it is accurate. Knowing the physical and health condition of my child, I give my approval of their participation in the Wendell Parks & Recreation Department's Track-Out program. I hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from such events. I understand that individual accident insurance is required by the Wendell Parks & Recreation Department and certify that my child is covered as indicated below. I also give permission to Wendell Parks & Recreation Department to use my child's picture or video in any publication and/or website.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_