

**Greenville Recreation & Parks Department  
YOUTH & ADULT MAIL-IN REGISTRATION FORM**

<b>PROGRAM NAME:</b>		
<b>FIRST NAME</b>	<b>LAST NAME</b>	
<b>BIRTHDATE</b> ___MO ___DAY ___YR.	<b>AGE (as of today)</b>	<b>SEX (please circle)</b> <b>M    F</b>
ADDRESS		
ZIP CODE	CITY	STATE
PHONE (HOME)	PHONE (WORK)	
PHONE (EMERGENCY # & NAME)		
E-Mail Address:		
RESIDENT OF GREENVILLE    ___YES    ___ NO		
PARENT/GUARDIAN'S NAME		
MEDICAL INFORMATION (allergies, special medications, instructions, etc.)		

**PERMISSION, RELEASE, AND ASSUMPTION OF RISK**

In consideration of my child being allowed to participate in \_\_\_\_\_ sponsored by the Greenville Recreation and Parks Department (GRPD), I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them.

In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

\_\_\_\_\_  
Adult Participants Name (PLEASE PRINT) DATE

\_\_\_\_\_  
Adult Participants Name (SIGNATURE) DATE

\_\_\_\_\_  
Parent/Guardian's Name (PLEASE PRINT) DATE

\_\_\_\_\_  
Parent/Guardian's Name ( SIGNATURE) DATE

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**INSTRUCTIONS**

1. Please print the complete name of the program you want to register for in the block marked 'program'. All programs are listed on enclosed sheet.
2. Please fill out entire form
3. For all youth programs, the parent or guardian of the participant must print and sign their name on the appropriate lines at the bottom of the form.
4. For all adult programs, the participant must print and sign their name on the appropriate lines at the bottom of the form.
5. Please enclose a check, made out to G.R.P.D. for the programs desired (fees are included on the flyer)
6. **PLEASE DO NOT SEND CASH IN THE MAIL.**
7. Mail completed form and fee at least one week prior to program start date to:

**River Birch Tennis Center/GRPD**  
**P. O. Box 7207**  
**Greenville, NC 27835**

***River Birch Tennis Center/***  
***Greenville Recreation &***  
***Parks Department***  
***329-4559***