



APRCR Program Registration Form

Mailing Address: Apex Community Center, PO Box 250 Apex, NC 27502 (Make checks payable to: Town of Apex)

Please use this form to register for all Apex Community Center and Halle CAC programs. NOTE: There are different forms to register for athletics/sports leagues.

Participant's First Name		Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /
Address			
City		Zip	
Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Primary Email			
Emergency Contact (Other than Parent/Guardian)		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	

I would like the Apex Parks, Recreation and Cultural Resources to know the following information regarding this participant:
Medical Conditions **Allergies** **Special Needs** **None/Not Applicable**

If yes to any of the above, please explain in detail:

Does the participant need a modification(s) to participate? **Yes** **No**

If yes, someone from inclusion services will follow-up with you regarding your request. The Apex Parks, Recreation and Cultural Resources welcome the participation of individuals of all abilities. In compliance with the ADA, we will provide reasonable modifications to facilitate participation in our program. To ensure that reasonable modifications are in place, modification requests should be received at least two weeks prior to the start date of the program. For more information, please contact Allie Prelaske at 919-249-3507.

For Participants under age 18, please provide additional contact information

Primary Parent/Guardian Name		Date of Birth	/ /
Primary Parent/Guardian Phone	<input type="checkbox"/> Same as above <input type="checkbox"/> Other		
Primary Parent/Guardian Email	<input type="checkbox"/> Same as above <input type="checkbox"/> Other		
Secondary Parent/Guardian Name		Date of Birth	/ /
Secondary Parent/Guardian Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Secondary Parent/Guardian Email			

Course Code	Course/Program Name	Fee
		\$
		\$
		\$
		\$
		\$

Photo/Video Policy

I hereby grant the Town of Apex permission to use my likeness without individual identifying information in a photograph or video in any and all of its publications, website, social media and video programming, without payment or any other consideration. I hereby irrevocably authorize the Town of Apex to edit, alter, copy, exhibit, publish or distribute all submitted photos, videos, or other artwork for purposes of publicizing the town's programs and facilities, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. I hereby hold harmless and release and forever discharge the Town of Apex from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf, or on behalf of my estate, have or may have by reason of this authorization.

Statement of Waiver

I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Town of Apex, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Apex Parks, Recreation and Cultural Resources Department. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission.

As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activity and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Apex does not provide transportation to or from activities scheduled by the Apex Parks, Recreation and Cultural Resources Department.

By signing below, you are agreeing to the Town of Apex's Statement of Waiver and acknowledging that you have read the Town of Apex's Photo/Video policy.

If you wish to opt out of the Photo/Video Policy, you must email peakconnect@apexnc.org including the participant's name and which program(s) they are registered for.

Participant's Signature (Parent/Guardian)		Date	/ /
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For Department Use Only

Total \$	<input type="checkbox"/> Res <input type="checkbox"/> Non-Res	Receipt #	DATE PAID:	Staff Initials
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