



Aberdeen Parks and Recreation
Mail-In Registration Form

301 Lake Park Crossing Aberdeen NC 28315
Phone (910)944-7275 Fax (910) 944-1119
Find us on [facebook](#)

1. Mail-in registrations are processed on a first paid, first served basis.
2. In the event an activity is filled when mail-in form is received, you will be notified by a department representative.

Please make all checks payable to Aberdeen Parks and Recreation Department and mail completed Registration Form and check to PO BOX 785 Aberdeen, NC 28315.

Name 1 _____

Age _____ Date of Birth _____ Sex _____

Name 2 _____

Age _____ Date of Birth _____ Sex _____

Street Address _____

Mailing Address (If different) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address (if you would like to receive emails regarding programs) _____

<u>Program/Session/Level</u>	<u>Class Time</u>	<u>Participant Name</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

For team sports, please circle T-shirt size:

Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X Large

Waiver: I agree to participate or allow my child/grandchild to participate in the programs listed above offered by the Aberdeen Parks and Recreation Department. I am aware the programs could cause an accident or injury as a direct or indirect result of participation and agree to assume all risks involved in myself or my child/grandchild participating in the programs. I further agree to release the Aberdeen Parks and Recreation Department, its employees, volunteers, sponsors, and agents from any responsibility should an accident occur. I grant my permission to allow my child's name, photo, video recording and/or other item(s) used at the discretion of the Aberdeen Parks and Recreation Department for promoting programs operated or sponsored by the department.

Signature _____ Date _____

Aberdeen Parks and Recreation Department
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910-944-PARK (7275) Fax 910-944-1119

