

Registration/Permission Form

Name	Age	Class	Day	Class Time	Fee
Street Address			City, State, Zip		Total
Home #	Work #	Parent/Guardian Signature			Check#
E-mail Address					Cash

I, the undersigned, hereby release and agree to hold harmless the Clayton Parks & Recreation Department, its employees, agents, and its administrators from any and all claims for damages, injury, or illness which may arise as a result of my participation in this program. I understand there are risks when transportation is involved and hereby assume responsibility for all risks and hazards incidental to this program.

Signature Date

**Mail to: Clayton Parks & Recreation Department
PO Box 879
Clayton, NC 27528**

Fax to: 919-553-1521