

**Town of East Spencer**  
**Recreation Registration Form**

📍 *Parks & Recreation Department*  
📞 Phone: 704-267-3657  
IG eastspencer\_parknrec  
📧 Email: parksupervisor@eastpencer.gov  
📍 Address: 105 S Long Street East Spencer, NC, 28039

**Participant Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* **Age:** \_\_\_\_\_\_
* **Gender:** ☐ Male ☐ Female ☐ Other
* **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** (\_\_\_\_\_\_) **-**
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Relationship to Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** (\_\_\_\_\_\_) **-**

**Program Selection**

*(Check all that apply or write in the specific program)*

☐ Little League Basketball  
☐ 3v3 Basketball Tournament  
☐ Flag Football  
☐ Kickball  
☐ Senior Programs  
☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

* **Allergies or Medical Conditions:**
* **Medications Taken Regularly:**
* **Doctor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

**Consent & Liability Waiver**

I hereby grant permission for my child/myself to participate in the above selected recreational program(s) with the Town of East Spencer. I understand and acknowledge the risk of injury and agree to release and hold harmless the Town of East Spencer, its staff, agents, and volunteers from any and all claims resulting from participation in the program.

☐ I have read and agree to the terms stated above.

**Signature (Parent/Guardian if under 18):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**For Office Use Only**

* Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* Staff Initials: \_\_\_\_\_\_
* Amount Paid: $\_\_\_\_\_\_\_\_\_ ☐ Cash ☐ Check ☐ Credit
* Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_