Program Registration Form

Program Registration Form

Parks and Recreation programs are filled on a first come first serve basis. Most programs have a minimum and a maximum number of participants. If a program has not met its minimum number of participants and is cancelled, a full refund will be returned to the participant. please be aware of our refund policy. Program instructors and times are subject to change.

Name of Participant(Required):	
Sex (Required): (Select only one option)	
☐ Male ☐ Female	
Date of Birth (Required):	
Address (Required):	
Street:	
Address Line 2:	
City, State, Zip:	
Phone (Required): () -	
Email (Required):	
Guardian / Emergency Contact Name (Required):	
Guardian / Emergency Contact Phone (Required):	() -
Allergies & Illnesses:	

For Wake County Human Services Community Development Block Grant purposes, please use the following information to answer the following questions.

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The first number represents the family size and the second number represents the household income for that family size.

for that family size.	
1 - \$42,500; 2 - \$48,550; 3 - \$54,6	00; 4 - \$60,650; 5 - \$65,550; 6 - \$70,400; 7 - \$75,250; 8 - \$80,100
Does your household income fa	Il above or below the amount stated for your family size?:
Above	
Below	
Liability Waiver	
program. I agree to assume the resengaged in the program and do he Recreation, the Zebulon Recreation supervisors or sponsors from any crules and regulation established by Recreation Advisory Board. Picture	cant be accepted for participation in the above parks and recreation sponsibility for any accident or injury while the participant is creby release and absolve the Town of Zebulon, Zebulon Parks and an Advisory Board and/or Wake County Schools, their volunteers, or all claims from such accident or injury. I also agree to abide by ally the Zebulon parks and Recreation Department and the Zebulon es or video clips may be taken while participating in Town of dission to the Town of Zebulon to use such photos and videos in media.
Print Signature (Required):	
Signature (Required):	
Date (Required):	