

How to Register

Mail-In Registration: Athletics

Mail-in registration will begin one week prior to walk-in registration. Full payment is due at the time of registration. Mail-in registration will be accepted after the first week; however to receive priority, all mail must be postmarked no later than the Friday prior to walk-in registration.

Registration will be randomly opened and processed daily.

All mail must be postmarked and addressed to:

Henderson-Vance Recreation Department

PO Box 1556

Henderson, NC 27536

Make checks payable to **City of Henderson**

Walk-In Registration: Athletics

Walk-in registration will occur during regular business hours unless otherwise specified for an individual class. See registration dates for Athletic Programs.

Non-resident fee:

Anyone residing outside Vance County and not paying property tax in Vance County is encouraged to participate but will be assessed an additional out-of-county fee. Call for prices.

Please note non county residents are not allowed to participated in the Baseball/Softball season.

1. Complete one registration form per participant.
2. Please print.
3. Non-residents, pay appropriate fee.
4. READ AND SIGN ALL FORMS

Refund Policy:

Fees are 100% refundable when the class is cancelled by the department. 50% of registration fee will be refunded if patron cancels 7 calendar days or more in advance of the first day of the program. 100% credit/transfer is allowed if patron requests 7 calendar days or more in advance of program. No refund/transfer/credit will be issued if patron cancels less than 7 days in advance of the first day of the program. Once a participant has been placed on a team no refunds will be given. Athletic insurance fees are non-refundable. In case of inclement weather, use of outdoor facilities will be rescheduled pending space availability. Refunds/Transfers/Credits must be requested in writing. Certain restrictions apply.

The Henderson-Vance Recreation Department reserves the right to alter schedules, fees and instructors as necessary.

Returning Team Name _____ (Athletics Only)

Registration Form

A. General Information Section -One form per person please. Make copies as necessary.

Last Name _____ First Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____

County Resident Non-resident

Parent/Guardian Name(s) _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Home Phone _____ Work Phone _____

Health Insurance Coverage: yes / no Insurance Company _____ Policy # _____

***Special Needs:** The Henderson-Vance Recreation and Parks Department will attempt to provide reasonable accommodations for program participants when the need for accommodation is requested well in advance. To insure a medically safe and appropriately planned program, please list any special need or precaution which may require program accommodations for participating (i.e., visual or hearing impairment, mental or physical disability, heart condition, history of seizures, asthma, ADD, etc.

Participant	M/F	Birth Date	Age	Program Name	Start Date	Time	Facility	Fee
Class Fees:								
Non-Resident Fees:								
Insurance Fee:								
Total Fees:								

Parent/Guardian and Adult Participant Agreements:

I acknowledge every effort will be made to contact parents/guardians or Emergency Contact person in the case of medical emergency. If parents/guardians or Emergency Contact person cannot be reached, I authorize the Henderson-Vance recreation staff to seek appropriate medical (physician, dentist, nurse, etc.) care for the above named participant, and agree to be responsible for any costs associated with said care. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the Recreation Program will be given during the program. I give permission for my child to be transported in vehicles provided by the Recreation Department. I authorize that pictures may be taken of the above participant while participating in activities and may be used for program publicity. I, the parent/guardian or Emergency Contact person of the above named individual, do hereby give my approval for his/her participation in any and all activities of the Recreation Department.

I give the Henderson/Vance Recreation and Parks Department permission to use my child's picture/image for departmental purposes.

I assume all the risks and hazards incidental to the conduct of these activities, transportation to and from the activities; and I do further hereby release, absolve, indemnify and hold harmless the Department, its agents, officials, sponsors and employees any or all of them from all liability arising from the same. In case of injury to myself, my child/dependent, I hereby waive all claims against the Department, its agents, officials, sponsors and employees any or all of them. Falsifying information pertaining to birth date or legal address will constitute ineligibility to participate in Recreation Department programs.

Refund Policy: Fees are 100% refundable when the class is cancelled by the department. 50% of registration fee will be refunded if patron cancels 7 calendar days or more in advance of the first day of the program. 100% credit/transfer allowed if patron requests 7 calendar days or more in advance of program. No refund/transfer/credit will be issued if patron cancels less than 7 days in advance of the first day of the program. Once a participant has been placed on a team no refunds will be given. Athletic insurance fees are non-refundable. In case of inclement weather, use of outdoor facilities will be rescheduled pending space availability. Refunds/Transfers/Credits must be requested in writing. Certain restrictions apply.

Non-Discrimination Policy: The Henderson-Vance Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with the Director of the Henderson-Vance Recreation and Parks Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC. 20240.

Payment Section

I agree that:

1. Full payment is due at time of registration.
2. Incomplete or missing forms will result in registration being returned and not processed

The following information is required for registration. Please check that all of the following information is included.

____ Receipt # ____ Registration Form ____ Health History ____ Copy of Birth Certificate ____ Insurance

Parent/Guardian/Adult Participant Signature: _____ Date: _____

DATE: _____ TIME: _____ (Athletics Only)

LATE REGISTRATION FORM

A. General Information Section -One form per person please. Make copies as necessary.

Last Name _____ First Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____

County Resident Non-resident

Parent/Guardian Name(s) _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Home Phone _____ Work Phone _____

Health Insurance Coverage: yes / no Insurance Company _____ Policy # _____

***Special Needs:** The Henderson-Vance Recreation and Parks Department will attempt to provide reasonable accommodations for program participants when the need for accommodation is requested well in advance. To insure a medically safe and appropriately planned program, please list any special need or precaution which may require program accommodations for participating (i.e., visual or hearing impairment, mental or physical disability, heart condition, history of seizures, asthma, ADD, etc.

Participant	M/F	Birth Date	Age	Program Name	Start Date	Time	Facility	Fee
Class Fees:								
Non-Resident Fees:								
Insurance Fee:								
Total Fees:								

Parent/Guardian and Adult Participant Agreements:

I acknowledge every effort will be made to contact parents/guardians or Emergency Contact person in the case of medical emergency. If parents/guardians or Emergency Contact person cannot be reached, I authorize the Henderson-Vance recreation staff to seek appropriate medical (physician, dentist, nurse, etc.) care for the above named participant, and agree to be responsible for any costs associated with said care. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the Recreation Program will be given during the program. I give permission for my child to be transported in vehicles provided by the Recreation Department. I authorize that pictures may be taken of the above participant while participating in activities and may be used for program publicity. I, the parent/guardian or Emergency Contact person of the above named individual, do hereby give my approval for his/her participation in any and all activities of the Recreation Department.

I give the Henderson/Vance Recreation and Parks Department permission to use my child's picture/image for departmental purposes.

I assume all the risks and hazards incidental to the conduct of these activities, transportation to and from the activities; and I do further hereby release, absolve, indemnify and hold harmless the Department, its agents, officials, sponsors and employees any or all of them from all liability arising from the same. In case of injury to myself, my child/dependent, I hereby waive all claims against the Department, its agents, officials, sponsors and employees any or all of them. Falsifying information pertaining to birth date or legal address will constitute ineligibility to participate in Recreation Department programs.

Refund Policy: Fees are 100% refundable when the class is cancelled by the department. 50% of registration fee will be refunded if patron cancels 7 calendar days or more in advance of the first day of the program. 100% credit/transfer allowed if patron requests 7 calendar days or more in advance of program. No refund/transfer/credit will be issued if patron cancels less than 7 days in advance of the first day of the program. Once a participant has been placed on a team no refunds will be given. Athletic insurance fees are non-refundable. In case of inclement weather, use of outdoor facilities will be rescheduled pending space availability. Refunds/Transfers/Credits must be requested in writing. Certain restrictions apply.

Non-Discrimination Policy: The Henderson-Vance Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with the Director of the Henderson-Vance Recreation and Parks Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC. 20240.

Payment Section

I agree that:

1. Full payment is due at time of registration.
2. Incomplete or missing forms will result in registration being returned and not processed

The following information is required for registration. Please check that all of the following information is included.

____ Receipt # ____ Registration Form ____ Health History ____ Copy of Birth Certificate ____ Insurance

Parent/Guardian/Adult Participant Signature: _____ Date: _____

Health History

Note: A physician must complete Health History for youth sports. Physicals are required to be turned in prior to a child starting practice. Physicals are valid for 3 years for all programs.

To be completed by parents

Section A-Participant Information

Last Name _____ First Name _____ Gender _____
 Address _____ City _____ Zip Code _____
 Home Phone Number _____ Date of Birth _____
 Parent/Guardian Name(s) _____
 Phone Number(s) _____ (w) _____ (h) _____

Emergency Contact Name _____ Home # _____ Work # _____

Please provide any additional information that might be helpful for contacting you (ie. mobile, pagers, etc)

Health Insurance Coverage: yes no

Health Insurance Company: _____

Policy # _____

Name of Policy Holder _____

Section B-Health Information:

To be filled in by parent or physician

	yes	no		yes	no
1. Heart Disease/Defect	_____	_____	14. Allergy to following list (specifics)		
2. Seizures/Epilepsy	_____	_____	Medicine _____	_____	_____
3. Diabetes	_____	_____	Foods _____	_____	_____
4. Down Syndrome	_____	_____	Insects _____	_____	_____
Have x-rays been done?	_____	_____	Plants _____	_____	_____
Atlanto Axial Instability	_____	_____	15. Immunizations up to date		
5. Absence of Vision	_____	_____	Date of last tetanus shot _____		
6. Concussion or Head Injury	_____	_____	16. Fainting	_____	_____
7. Major Surgery or Illness	_____	_____	17. Back or Joint Problems	_____	_____
8. Heat Stroke/Exhaustion	_____	_____	18. Motion Sickness	_____	_____
9. Impaired Motor Activity	_____	_____	19. Hearing Loss	_____	_____
10. Asthma	_____	_____	20. Eyeglasses/Contacts	_____	_____
11. Contagious Disease	_____	_____	Corrected to _____		
12. Emotional Problems	_____	_____	21. Sprains, Fractures, Dislocation	_____	_____
13. Behavior Problems	_____	_____	22. Any other reason participant cannot participate in any and all programs	_____	_____
					fully recreation

Please give detailed information for anything checked "yes" above (use additional pages if necessary).

Symptoms _____ Type of _____

Frequency of _____ History of Occurrence _____

Trigger Mechanism _____ Other _____

Comments: _____

Daily Medications: Please print medication name, what it is used for, amount, date prescribed and number time/day.

Special Note on Medications: If your child carries an "EPT" pen or inhaler we will require that two are available during the program.

Restrictions: _____

Please feel free to contact the Program Supervisor about any activities at 431-6090. The attached registration information explains activities that my child will be participating in. By signing below, I am acknowledging that my child is physically capable or participating in these activities and the information that I have completed above is correct.

Parent/Guardian Signature _____ Date _____

To be filled in by Physician:

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Date of Exam _____

Physical condition to compete in athletics: Acceptable Unacceptable

Physician's Signature _____ Date _____

Physician's Name _____ Address _____ City _____

State _____ Zip Code _____ Phone # _____