



Recreation Center Facility Usage Pass Registration

Full Name: _____ DOB: _____ Age: _____
Full Address: _____
Email: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian (under 18 only): _____ Phone: _____
Emergency Contact: _____ Phone: _____
Membership Type (check the box that applies): Youth (under 16/ Gymnasium Only):
Young Adult (16-17): Adult (18-61): Senior (62+): Family: Class Pass:
Additional Family Members:
Name: _____ Relation: _____ DOB: _____ Pass # _____
Name: _____ Relation: _____ DOB: _____ Pass # _____
Name: _____ Relation: _____ DOB: _____ Pass # _____
Name: _____ Relation: _____ DOB: _____ Pass # _____

I do hereby and forever discharge and agree to indemnify the Town of Morehead City, its elected and appointed officials and staff, the sponsors, participants, instructors, coaches, volunteers, and administrators of the Morehead City Parks and Recreation Department from any and all actions, claims, and demands, for or by reason of any damage, loss, or injury which hereafter may be sustained by me or my child in consequence of participation by said person in this activity. Each of us acknowledges that we have read and understand this Release and Indemnity Agreement.

Adult Name Signature Date

Adult Name Signature Date

For Official Use Only

Fee: _____ Date Paid: _____ Pass #: _____

Cash: _____ Received Initials: _____

Check #: _____