



# 2018 YOUTH SPORTS CLUBS

**Athletics Office**  
 311 Hill Street  
 Phone: 252-972-1160  
 Fax: 252-972-1685

## REGISTRATION NOW OPEN

Participant's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
(month, day, year)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone# \_\_\_\_\_ Mother's Name \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Email \_\_\_\_\_ Father's Name \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Special Needs: (optional) \_\_\_\_\_ Last Year's Team \_\_\_\_\_ Shirt Size \_\_\_\_\_

### **PLEASE CHECK BOX**

#### **Track**

Ages 5-18 as of 1/1/18

**\$40 - City Residents**  
**\$60 - Non-City Residents**

#### **Wrestling**

Ages 8-18 as of 1/1/18

**\$40 - City Residents**  
**\$60 - Non-City Residents**

### **INTERESTED IN COACHING ?**

*Check box above.*  
**Visit our website**  
 or contact the Athletics Office

### **HOW TO REGISTER**

#### **In Person**

Monday-Friday  
 8:30am-5:00pm  
 RM Wilson Gym (311 Hill St)

#### **Online**

[www.rockymountnc.gov/parks](http://www.rockymountnc.gov/parks)  
 Register for Activities

#### **Mail In**

*City of Rocky Mount*  
 Attn: Athletics Division  
 PO Box 1180  
 Rocky Mount, NC 27802-1180

**TOTAL AMOUNT PAID \$ \_\_\_\_\_**

#### **Payment Options:**

**Money Order / Credit Card / Check**

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Code # \_\_\_\_\_

#### **Signature**

(For Credit Card Payment ONLY)

Check/Money Order # \_\_\_\_\_

Receipt # \_\_\_\_\_

### **REGISTRATION REQUIREMENT**

*The Athletics Office MUST see a CERTIFIED copy of a child's birth certificate for first time participants (or participants that do not have a CERTIFIED copy on file)*

### **REFUND POLICY**

*100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. NO REFUND if participant's request falls within 5 days of program start date or within two weeks prior to rental date.*

*Make checks and M/O payable to:*

**CITY OF ROCKY MOUNT**

***NO CASH ACCEPTED!***

### **CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

IN CONSIDERATION of my participation in the 2018 Youth Sports Clubs (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

**THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.**

**PHOTO RELEASE STATEMENT**— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

\_\_\_\_\_  
 Signature of Parent/Guardian

(SEAL) \_\_\_\_\_  
 Print Name

Date: \_\_\_\_\_

# Rocky Mount Parks & Recreation

## YOUTH SPORTS CLUBS

### WRESTLING



**Ages 8-18**

Practices held Mon, Wed & Thurs  
@ RM Wilson Gym  
USA Wrestling Sanctioned

**\$40 - City Residents**  
**\$60 - Non-City Residents**

### TRACK



**Ages 5-18**

Practices held Tues & Thurs  
@ RM Sports Complex  
Meets held on Sat. out of county

**\$40 - City Residents**  
**\$60 - Non-City Residents**

**Registration Now Open**

**MULTIPLE CHILD DISCOUNTS AVAILABLE FOR ALL PROGRAMS**  
**\$5 OFF FOR EACH ADDITIONAL CHILD**

For More Information  
Call 252-972-1160  
or visit [rockymountnc.gov/parks](http://rockymountnc.gov/parks)