

Pitt County Community Schools and Recreation

"Reaching Out to Serve and Connect the Community"

Program/Class: _____

Cost:\$_____ Payment Method: Cash \$_____ Check # _____

Receipt #: _____

Make Check Payable to: Pitt County Schools

Name: _____

Address: _____ City: _____ Zip: _____

Horne Phone: _____ Other Phone: _____

DOB: _____ Age: _____ Sex: ___ M ___ F

In case of an Emergency, who should be contacted?

Name: _____ Phone: _____

Waiver

By participating in the Pitt county Community Schools and Recreation adult recreation programs, I agree to follow guidelines set forth by School Board Policy. While I realize that all precautions will be taken to guard me from injury, I will not hold the Pitt County Board of Education, the Community Schools & Recreation Program or program staff responsible for accidents that may occur. I recognize and understand that participation in adult recreation programs may necessitate strenuous physical activity, and could possibly activate any' unrecognized pre-existing cardiovascular disorder which I may have, thereby resulting in serious or life threatening physical harm to me. I warrant and represent that I am in good physical health and condition and am physically able to participate in this program.

Are there any special circumstances we should be aware of while you are participating in the adult recreation programs? Yes _____ No _____ If yes, please state below:

Signature

Date

Mail to: Pitt County Community Schools and Recreation
4561 County Home Rd., Greenville, NC 27858

For more information, call 902-1975