

2016 Summer Camp Information

Please Circle Camp/s

Child's age as of first day of each camp

Baseball	June 20-23	7-12 years
Softball	June 20-23	7-12 years
Soccer	June 27-30	5-12 years
Tennis	July 11-14	5-12 years
Basketball	July 25-28	6-14 years
T-ball	August 1-4	3-6 years

- Baseball, softball and basketball camps will be at Farmville Central High School. All other camps will be held at the Town of Farmville Municipal park.
- Please register in person at the Parks and Recreation in Town Hall, by mail or online at farmvilleparksandrec.com

Fees

\$30– T-ball
\$40– Softball, soccer and tennis
\$50– Baseball and basketball

Payment must be made by Cash, Check, or Money Order payable to the Town of Farmville.

**Summer Camp
Registration
May 16 - Wednesday be-
fore each camp**

Farmville Parks and Recreation
Department
P.O. BOX 86
Farmville, NC 27828

Farmville Parks and Recreation

3672 North Main Street
Farmville, NC 27828

252-753-6712
farmvilleparksandrec.com
mjohnston@farmville-nc.com

Town of Farmville Parks and Recreation Department Summer Camp Registration 2016

The Town of Farmville Parks and Recreation provides opportunities to people of all ages to participate in quality organized recreation programs through leagues, special events, camps and programs. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.

Participant Name: _____ Sex: M or F Date of Birth: ___/___/___
 Parent/Guardian Name: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Camp (circle all that apply): Baseball Softball Soccer Tennis Basketball T-ball
 T-Shirt Size (must register by June 13 to receive a shirt): YS YM YL AS AM AL AXL
 Non-Parent Emergency Contact: _____ Phone #: _____
 List any Medical Problems or Special Needs: _____

The Town of Farmville Parks and Recreation Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our program. To ensure that reasonable accommodations are in place, program registration or accommodation requests should be received at least two weeks prior to the start date of the program. For more information please contact Inclusion Services 919-996-2147. The Town of Farmville Parks and Recreation Department recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the athletic program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or need of their participant.

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

Photography Waiver: Pictures may be taken of my child while participating in Town activities and may be used for program publicity. If you do not concur please check this box.

Release and Indemnity Agreement: I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the basketball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the City, its employees or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

For Office Use Only:

Camp Age _____

Camps: _____

Fee Paid: _____