

# Program Registration

Cornwell Center at Myers Park Baptist Church

2001 Selwyn Avenue

Charlotte, NC 28207

## Program Information:

Cornwell Member: \_\_\_ Yes \_\_\_ No Program: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Uniform Size (if needed): Youth \_\_\_\_\_ Adult \_\_\_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_\_\_

Fee \$ \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_ Scholarship Request: \_\_\_\_\_

Special Requests: \_\_\_\_\_

## Participant Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apartment #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Gender \_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

## Responsible Party: (if under 18 parent/legal guardian required to fill out this section)

Relationship: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apartment #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Gender \_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ --- \_\_\_\_\_ Relationship: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

I understand that the Cornwell Center at Myers Park Baptist Church assumes no responsibility for injuries or illnesses which may be sustained as a result of participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all illness which may result from participation in these. In consideration of the privilege of participating at the Cornwell Center, I hereby voluntarily release and discharge the Cornwell Center at Myers Park Baptist Church and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the Cornwell Center director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child/me within a reasonable time prior to the start of the program/activity to determine my child/I am free of communicable disease and has not been exposed to such. I hereby give permission to the medical personnel selected by the Cornwell Center staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

Signature of responsible party \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Cornwell Center staff: \_\_\_\_\_ Date: \_\_\_\_\_