



Parks and Recreation Pass Application Form

All passes are nontransferable and nonrefundable. To buy a pass, fill out this form and return it to one of our facilities; full payment is due at the time of purchase. All fields are required unless they say otherwise.

Household Information

If you live or own property in the Town limits, Carrboro town limits, or Orange County, you count as a resident. Non-residents are also welcome but may pay higher fees and have later registration dates.

Chapel Hill resident Carrboro resident
 Orange County resident Non-resident

Household Address

Household Email

Phone Cell Home Work

Preferred language: English Spanish Burmese
 Karen Other: _____

Emergency Contact

Must be an adult that's not in the household.

First & Last Name

Relationship Phone Number

Sign Here

Please read our waiver at chapelhillparks.org/waiver and sign below to confirm that you read it and agree to it. Each person buying a pass needs to sign or be signed for by a parent/guardian.

I have read and agree to the waiver at chapelhillparks.org/waiver. A physical copy of the waiver is available on request.
 You can use my data (separate from my name or any personal identifying information) in research projects. Read more at chapelhillparks.org/waiver.

Signature _____ Date _____

Household Members

Please fill out these sections for every member of your household who is buying a pass on this form. If you're buying a pass for a child, fill out a section for at least one parent/guardian in their household.

Demographics: Sharing this information is optional; we'll only use it to improve our services. Check all that apply.

Main Household Member

Must be an adult.

Preferred First Name	Last Name	Birthdate	Pronouns
Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Transgender
Ethnicity: <input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Other
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Other

Household Member

Preferred First Name	Last Name	Birthdate
Parent/Guardian Name (if child)	Grade (if child)	Pronouns
Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary
Ethnicity: <input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> African American
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Transgender
		<input type="checkbox"/> Other
		<input type="checkbox"/> American Indian or Alaskan Native
		<input type="checkbox"/> Other

More household members? Put them on the back!

Pass Information

Climbing Wall	# _____	New/Renew	<input type="checkbox"/> 20 Visit	<input type="checkbox"/> Annual
Pool	Annual	# _____	New/Renew	<input type="checkbox"/> 0-8 Yrs
	6 Month	# _____	New/Renew	<input type="checkbox"/> 0-8 Yrs
	20 Visit	# _____	New/Renew	<input type="checkbox"/> 9-18 Yrs
	Aquafit	# _____	New/Renew	<input type="checkbox"/> 9-18 Yrs
			<input type="checkbox"/> Adult	<input type="checkbox"/> Family
			<input type="checkbox"/> Family	<input type="checkbox"/> Extra Family Member
			<input type="checkbox"/> Adult	<input type="checkbox"/> Extra Family Member
			<input type="checkbox"/> 20 Visit	

Basketball, Pickleball & Volleyball

Annual	# _____	New/Renew	<input type="checkbox"/> 0-18 Yrs	<input type="checkbox"/> Adult
20 Visit	# _____	New/Renew	<input type="checkbox"/> Adult	



Scan me

To read the full waiver and learn more about how we protect your personal information.



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Household Members

Please fill out these sections for every member of your household who is registering for a program on this form. If you're registering a child, fill out a section for at least one parent/guardian in their household.

Demographics: Sharing this information is optional; we'll only use it to improve our services. Check all that apply.

Household Member

Preferred First Name _____ Last Name _____

Birthdate _____ Grade (if child) _____

Parent/Guardian Name (if child) _____ Pronouns _____

Gender: Female Male Non-binary
 Transgender Other
 Ethnicity: Hispanic Asian African American
 American Indian or Alaskan Native White
 Native Hawaiian or Pacific Islander Other

Household Member

Preferred First Name	Last Name	Birthdate
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Parent/Guardian Name (if child)	Grade (if child)	Pronouns
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Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other
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Household Member

Preferred First Name	Last Name	Birthdate
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Parent/Guardian Name (if child)	Grade (if child)	Pronouns
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Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other
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Household Member

Preferred First Name _____ Last Name _____

Birthdate _____ Grade (if child) _____

Parent/Guardian Name (if child) _____ Pronouns _____

Gender: Female Male Non-binary
 Transgender Other
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Household Member

Preferred First Name	Last Name	Birthdate
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Parent/Guardian Name (if child)	Grade (if child)	Pronouns
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Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other
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Reminders

- Financial Assistance does not apply to family passes.
- Any visits left on a 10 or 20 visit pass after its expiration date are gone. We cannot add them to a new pass.
- Only you can use your pass. You cannot swipe it a second time for a guest.