



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: ☐ 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

Parent/Guardian Name (if child)

Grade (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

More household members? Put them on the back!

Pass Information

Climbing Wall # _____ New/Renew ☐ 20 Visit ☐ Annual

Pool Annual # _____ New/Renew ☐ 0-8 Yrs ☐ 9-18 Yrs ☐ Adult ☐ Family ☐ Extra Family Member

6 Month # _____ New/Renew ☐ 0-8 Yrs ☐ 9-18 Yrs ☐ Adult ☐ Family ☐ Extra Family Member

20 Visit # _____ New/Renew ☐ 0-8 Yrs ☐ 9-18 Yrs ☐ Adult

Aquafit # _____ New/Renew ☐ 10 Visit ☐ 20 Visit

Basketball, Pickleball & Volleyball

Annual # _____ New/Renew ☐ 0-18 Yrs ☐ Adult

20 Visit # _____ New/Renew ☐ 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: <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"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other			

Household Member

Preferred First Name		Last Name	
Birthdate		Grade (if child)	
Parent/Guardian Name (if child)		Pronouns	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other			
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Household Member

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Parent/Guardian Name (if child)		Grade (if child)	Pronouns	
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Household Member

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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.