

Charles City County Parks & Recreation



Registration Form

	Participant Name	Date of Birth	Age	Gender	Allergies/Special Needs/Medical Conditions
1					
2					

Program/Sport Name
Participant Address

Participant Contact Number
Participant Contact Email
Emergency Contact Name and Number

Parent/Guardian Name <i>(For Youth Participants Only)</i>

Parent/Guardian Contact Number <i>(For Youth Participants Only)</i>

Shirt Size	Pant Size

Please fill out if interested in coaching.	
Sport Interested in Coaching:	Head Coach or Assistant:

Waiver of Participation: In consideration hereof, I hereby, for myself, my spouse, my children, my heirs, successors and assigns, now and forever, release, indemnify, save, defend, and hold harmless the County of Charles City, its department, officials, employees, instructors, volunteers and representatives from and against any all claims for personal injuries, death, fees, liabilities, losses and costs resulting from or arising out of my or my child's participation in any activity sponsored, co-sponsored or run by the County of Charles City, regardless of the number of times attended. **Medical Consent:** By participating, I give permission for any and all medical attention to be administered in the event of an accident or emergency. **Consent to use Photographs:** I also agree to allow photographic images of myself and/or my child(ren) to be taken by the Parks and Recreation Department for promotional purposes. **Acknowledgement of Rules:** Signing this form acknowledges that the participant agrees to abide by all program rules, the Parent's Code of Conduct and adhere to common safe practices. **Refund Policy:** I understand refund request for Activities, Camps, Sports and Programs must be submitted by the end of the first week of practice, activity, camp or the program. Checks will be issued to the person listed as the payer on the original receipt. Allow four (4) to six (6) weeks for processing. Check will be mailed to the address listed above. **Return Check Policy:** If a check is returned to the county as a result of non-sufficient funds a \$35 returned check fee will be assessed.

Participant Signature: _____
Parent/Guardian Signature: _____

Date: _____
Date: _____



Physical Address: 8320 Ruthville Road, Providence Forge, VA 23140
Mailing Address: PO Box 128, Charles City, VA 23030
(804) 652-1601 | www.co.charles-city.va.us