PARKS AND RECREATION PROGRAM REGISTRATION

( ) New Participant ( ) Returning Participant - Household ID #: _____

Primary Adult /Parent/Guardian Name: _____

Address: _____

Street or P.O. Box City State Zip Code

Phone (H): _____ (W): _____ (C): _____

Email Address: _____

Secondary Adult/Parent/Guardian Name: _____

Phone (H): _____ (W): _____ (C): _____

Participant First Name	Last Name	Date of Birth	Gender	Activity Code	Program Title	Fee
			M F			
			M F			
			M F			

Please note any allergies, medications, medical issues: _____

Youth Leagues Only! Jersey/Shirt Size ( ) YS ( ) YM ( ) YL ( ) AS ( ) AM ( ) AL ( ) AXL ( ) AXXL

Please indicate evenings your child can not practice: ( ) M ( ) T ( ) W ( ) Th ( ) F *not guaranteed

Are you willing to coach? ( ) Yes ( ) No Co-Coach? ( ) Yes ( ) No Team Parent? ( ) Yes ( ) No

Waiver for Participation

In consideration of accepting this registration, I recognize that there are inherent risks of physical injury and I agree to assume full risks of any injuries, including death, damages or loss which I, or listed dependents, may sustain as a result of, or in any way connected with participation in recreational activities. I agree to indemnify and hold harmless the County of New Kent, its staff, employees contracted program instructors, and volunteers from and against any and all liability from bodily injury and/or property damage which may result from participation in the program. I hereby fully consent to emergency treatment, should emergency personnel or a physician deem such attention necessary. I understand that photographs may be used by the Department of Parks and Recreation and the County of New Kent for promoting programs, reports, and events.

_____ _____ _____

Print Name Signature Date

NKPR, P.O. Box 50, New Kent, VA 23124, Phone 804-966-8502, Fax 804-966-8537, www.co.new-kent.va.us/parks