PARKS AND RECREATION PROGRAM REGISTRATION

( ) New Participant ( ) Returning Participant – Household ID _____

Primary Adult/Parent/Guardian Name: _____

Address: _____

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

Email Address: _____

Secondary Adult/Parent/Guardian Name: _____

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

Participant First & Last Name	Date of Birth	Gender	Activity Code	Program Title	Fees
_____	_____	M F	_____	_____	___
_____	_____	M F	_____	_____	___
_____	_____	M F	_____	_____	___

Please note any allergies or medical conditions: _____

Please circle for Youth Leagues: Jersey/Shirt Size YS YM YL AS AM AL AXL AXXL

We can not guarantee, but please indicate evenings your child can not practice: M T W T F

Are you willing to coach? YES NO Co-Coach? YES NO Team Parent? YES NO

How may season has your child played? _____

Waiver for Participation (must be signed by participant or parent/guardian if under 18 y.o.)

In consideration of accepting this registration, I recognize that there are inherent risk of physical injury and I agree to assume full ricks 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 to County of New Kent, its staff, employees, contracted program instructors, and volunteers form 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 150, New Kent, VA 23124, Phone 804-966-8502, Fax 804-966-8537, www.co.new-kent.va.us

Office Use Only Staff Initials: _____ Date: _____ Payment Method: _____

Other Notes: _____