

# Registration Form

PAYMENT MUST ACCOMPANY THIS FORM

MAKE CHECKS PAYABLE TO "FCPR"

P.O. BOX 70, PALMYRA, VA 22963 (434) 589-2016



**FLUVANNA**  
**PARKS & RECREATION**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Birth Date \_\_/\_\_/\_\_ Gender M/F

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size:    Youth        Adult        Small        Medium        Large        X-Large

Special Needs/Disabilities \_\_\_\_\_ Allergies \_\_\_\_\_

Household Members:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Activity Title	Date(s)	Time(s)	Fee (non-resident add 15%)

**Assumption Of Risk**

I understand the nature of the activity in which I am (my child is) being enrolled. I understand that there are certain risks inherent with participating in recreational activity and that it is the duty of each participant to exercise reasonable care for their own safety and that of other participants. If this consent is given for my child, I also understand that, while participating in the activity, my child will be expected to behave in a reasonable and responsible manner and that the activity's supervisory staff has the authority to discipline my child in a manner similar to that imposed in Fluvanna County's public schools. I understand that under Virginia law, both Fluvanna County and its employees are immune from liability for negligence should I (my child) suffer any injury while participating in the activity and that I may consider procuring insurance to protect myself (my child) from such occurrences. With all this in mind, I hereby give my consent to enroll myself (my child) in the activity indicated. I also agree for my child to be transported by Parks and Recreation to the appropriate facility for my child to participate in such class if needed.

Signature of Participant of Legal Guardian if under 18 years of age \_\_\_\_\_ Date: \_\_\_\_\_

Print Legal Guardian's name for participants under 18 years of age: \_\_\_\_\_

**Refund Policy:** Refunds may be given when requested provided the request is made prior to the start of the activity. A \$10 service charge will be deducted from the refund unless the cause is due to a change in the class schedule. If supplies were purchased on your behalf, that amount may also be deducted from your refund. Allow up to 60 days for your refund to be mailed. A \$20 service charge will be assessed for any returned checks.

Office Use Only: Rec d Date	By	Check #	Cash	CC
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