

Registration Form

How to Register:

Online: www.active.com. Search keywords "FCPR Spring/Summer 2015 Guide"

By Mail: Send registration with check or money order to P.O. Box 70, Palmyra VA 22963

In Person: Stop by the Fluvanna Community Center or Pleasant Grove House Museum during business hours.

-Fluvanna Community Center: 5725 James Madison Highway, Fork Union, VA 23055

-Pleasant Grove House Museum: 271 Pleasant Grove Drive, Palmyra, VA 22963

Drop Box: We have 3 drop boxes for those who wish to register after business hours. Please leave check or money order at...

-Carysbrook Sports Complex: 8788 James Madison Highway, Fork Union VA 23055

-Fluvanna Community Center: 5725 James Madison Highway, Fork Union, VA 23055

-Pleasant Grove Horse Parking: 271 Pleasant Grove Drive, Palmyra, VA 22963

Parks and Recreation Hours of Operation:

-Fluvanna Community Center: 8am-5pm Monday-Friday

-Pleasant Grove House Museum: 8am-5pm Monday-Friday, 12pm-4pm Saturday and Sunday



**FLUVANNA
PARKS & RECREATION**

PAYMENT MUST ACCOMPANY THIS FORM
MAKE CHECKS PAYABLE TO "FCPR"
P.O. BOX 70, PALMYRA, VA 22963 (434) 589-2016

Registrant's Name _____

Date _____ Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Resident Non-Resident

Allergies _____ Special Needs _____

Email Address _____

To subscribe for Program Guides to be mailed to your address above at \$3/year, check here

If school-aged student, please complete the following: Age _____ D.O.B _____ School: _____

Gender: Boy Girl T-shirt Age: Youth Adult Size: Small Medium Large X-Large

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 Parent or 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 _____