



# REGISTRATION FORM

PARKS AND RECREATION  
P.O. BOX 71  
KING GEORGE, VA 22485  
775-4386

PROGRAM TITLE: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Mailing Address, City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male Female

Can you volunteer coach? **Y** **N** What Sport? \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (C)

Parent's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (C)

E-mail: \_\_\_\_\_ Please note the **NUMBER OF YEARS** applicant has played on a team. (Anywhere) \_\_\_\_\_

**Please give the name of a friend or closest relative we may contact if unable to reach you:**

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (C)

\*Have you registered with KG Alert? YES NO If NO, please go to [www.kgalert.com](http://www.kgalert.com) to register. Please make sure you select 'Parks and Rec' when registering to receive up to date information on cancellations or changes.

**PLEASE NOTE: The King George County Department of Parks and Recreation does not provide Medical coverage or insurance for individual participants. All medical insurance protection must be provided by the participants.**

I hereby give my consent and approval for my son/daughter to participate in this activity sponsored by the King George County Department of Parks and Recreation. I will not hold the Department, Instructors, Schools, Officials, Coaches or Employees of each responsible in case of accident or injury as a result of his/her participation in this program. I understand the risks involved with this activity and know my child is physically able to participate in this program. I have read and agree to abide by the applicable program rules.

Are there any medical conditions the staff, coaches or instructor(s) should know about? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please list condition(s) and medications used: \_\_\_\_\_

In the event of an EMERGENCY, I hereby give my consent for the King George County Parks & Recreation Department to arrange for \_\_\_\_\_ to be taken to the Emergency Room and to be treated by a Physician on Staff.

\_\_\_\_\_  
Signature of Parent/Guardian or Participant, if over 18 Date

By signing below, I give my permission to King George County Parks & Recreation to use photographs and videos of my child for publicity in order to increase community awareness of King George County Parks & Recreation programs and in any and other media without limitation.

\_\_\_\_\_  
Signature of Parent/Guardian or Participant, if over 18 Date

**T-SHIRTS:**

Please circle the proper size below. Please note: if size is not indicated, we will pick one. Shirt sizes do run small.

**YS YM YL AS AM AL AXL**

PLEASE MAKE CHECKS PAYABLE TO: TREASURER, KING GEORGE COUNTY

For office use only: Amount Paid: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Book \_\_\_\_\_ RecWare \_\_\_\_\_  
Rev. 8/07