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 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