

## Henrico County Division of Recreation and Parks - Registration Form

Participant Name (First & Last)	Age	Date of Birth	M/F	Program #	Program Title	Location	Fee

**Parent/Legal Guardian (for Minor Participants):** \_\_\_\_\_

Date of Birth: \_\_\_\_\_  M /  F      Henrico resident?  Y /  N

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Name:** (Spouse, Relative, Friend) \_\_\_\_\_

Relationship: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Special Accommodations & Medication:** If the participant requires one (or both) of the following, you must check the box(es) and call the number listed. All paperwork is due 10 days prior to the start of the program.  
 Special accommodations due to a disability, 652-1413.  Emergency/ Rescue Medication(s) during program hours, 652-1412.

**Program Guide:**  Please e-mail me a copy of the guide       Please mail me a copy of the guide

**Photographs:** If you **do not** want pictures of you or your child taken, please initial here. \_\_\_\_\_  
 These photos are for publicity or departmental use.

### REQUIRED SIGNATURE

**Assumption of Liability:** I understand that this program may involve strenuous physical activity and that risk of physical injury is inherent in this recreational activity. In consideration for participating in this program and recreational activity, I agree to assume the full risk of any injuries, including death, damage, or loss. I further understand that Henrico County, its officers, agents, and employees are not liable for any injuries that may result from the negligence of persons conducting this recreational program. I understand that this agreement constitutes an assumption of risk and release for any injury, including death, damages, or loss. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their activities. I have read this agreement and agree to the conditions stated above. If participant is under 18 years of age, parent or legal guardian must sign this release.

Signature of Each Participant or Parent/Legal Guardian of Each Minor Participant Required	Date
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### PAYMENT INFORMATION

**Payer Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  M /  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Method of Payment: Payable to County of Henrico** **Total Fees: \$** \_\_\_\_\_

- Cash/Exact Change (*Walk-in registration only.*)
- Credit Card (*American Express, Discover, MasterCard, and Visa are accepted. Walk-in or online only.*)
- Check/Money Order # \_\_\_\_\_ (*Registration forms sent by mail must be paid by check or money order.*)