



REGISTRATION FORM

PARKS AND RECREATION
P.O. BOX 71
KING GEORGE, VA 22485
775-4386
<https://kinggeorge.recdesk.com>

PROGRAM TITLE: _____

Participant's Name: _____

Mailing Address, City, State, Zip: _____

Age: _____ Grade: _____ Height: _____ Weight: _____ Birth Date: ___/___/___

Gender: (circle one) Male Female

Parent's Name: _____
Phone: () _____ (H) () _____ (W) () _____ (C) _____

Parent's Name: _____
Phone: () _____ (H) () _____ (W) () _____ (C) _____

E-mail: _____

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 hereby release, hold harmless and indemnify the King George County Board of Supervisors, the King George County Administration, King George County Department of Parks and Recreation, King George County School Board and its officers, employees, agents and volunteers for any accident, injury or loss 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. Photographs and videos of participants may be used for publicity in order to increase community awareness of King George County Parks & Recreation programs and in any and other media without limitation.

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 acknowledge that I have read and agree to the aforementioned and that I/we will abide by the applicable program rules associated with the program.

Signature (Parent /Guardian if participant is under the age of 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 # _____ Check # _____ Book _____ RecDesk _____
Cash _____ CC _____