

**CAROLINE PARKS & RECREATION  
ACTIVITY REGISTRATION FORM**

Once we receive your registration form and fees, your child has been registered. You will not be further contacted. Therefore, please note the starting date for your event or program.

**DO NOT RETURN THIS FORM TO THE SCHOOL. SCHOOLS ARE NOT RESPONSIBLE FOR FORMS AND FEES THAT ARE LEFT IN THE OFFICE.**

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

School: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Parent work #: \_\_\_\_\_

Email address: \_\_\_\_\_ Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions that we should be aware of: \_\_\_\_\_

Please circle your voting district: Bowling Green Madison Mattaponi Port Royal Reedy Church

Activity Registering for: \_\_\_\_\_ Start Date: \_\_\_\_\_

Class Time: \_\_\_\_\_ Day: \_\_\_\_\_ Fee: \_\_\_\_\_ T-Shirt Size (circle): YS (6-8) YM (10-12) YL (14-16)  
AS, AM, AL, AXL, AXXL

Have you participated in the activity before: \_\_\_\_\_ If so, how many consecutive sessions? \_\_\_\_\_

**\*\*\*PLEASE READ AND SIGN THE WAIVER BELOW\*\*\***

In agreeing to participate in the activity, as a participant, parent or guardian of participant, I affirm that the general health of the participant is good and that the participant is not adversely affected by exercise and is capable of performing an activity of this nature.

In consideration of participating in this activity, I do hereby assume all risk of any injury to the participant and will indemnify and hold harmless from any and all liability, actions, causes, claims and demands of every kind of nature whatsoever that the participant has or which arises of or in connection with his/her participation in this activity, the County of Caroline, the Caroline County Board of Supervisors, the Caroline County Parks & Recreation Department, and the Caroline County School Board, and all their officers, agents, employees, staff, volunteers and successors.

It is likewise assumed and agreed that the participants will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant's guardian or parent to see this criteria is met. I grant permission to transport the participant to and from the event when required and hold harmless those to transport. Events may be scheduled on religious holidays.

I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree for immediate first aid to injured person when deem necessary.

\_\_\_\_\_  
Signature of parent or adult guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent or adult guardian

Caroline Parks & Rec.  
PO Box 447  
Bowling Green, VA 22427  
Phone: (804) 633-7277  
Fax: (804) 633-4136