



# Registration Form - Greene County Parks and Recreation

## ADULT/PARENT OR GUARDIAN INFORMATION

Last Name	First Name	Birth Date / /
Street Address		City
		Zip Code
Phone Number	Alternate Phone Number	Email

## ACTIVITY REGISTRATION FOR PARTICIPANT(S)

LAST NAME/FIRST NAME	BIRTH DATE	SEX	ACTIVITY/PROGRAM	T-SHIRT SIZE	FEE \$
		M/F			
		M/F			
		M/F			
		M/F			
		M/F			

### EMERGENCY CONTACT:

Name	Phone Number
TOTAL \$	

The Greene 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 parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Greene County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Greene County Parks and Recreation may use photographs taken during this program for publicity purposes. If you do NOT consent to be photographed, **opt out here:** \_\_\_\_\_ (Initials)

**PAYMENT INFORMATION**      Payment Type:  Credit  Cash  Check  Other

Total Amount Enclosed: \$ \_\_\_\_\_

Please charge my:  VISA  MasterCard  American Express  Discover

Card # \_\_\_\_\_ EXP \_\_\_/\_\_\_ CVV # \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Make all checks payable to GCPR\***  
 Greene County Parks and Recreation  
 P.O. Box 358  
 Stanardsville, VA 22973