



PARKS AND RECREATION PROGRAM REGISTRATION

() New Participant () Returning Participant – Household ID _____

Primary Adult/Parent/Guardian Name: _____

Address: _____

Phone (H): _____ (W): _____ (C): _____

Email Address: _____

Secondary Adult/Parent/Guardian Name: _____

Phone (H): _____ (W): _____ (C): _____

Participant First & Last Name	Date of Birth	Gender	Activity Code	Program Title	Fees
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____
_____	_____	M F	_____	_____	_____

Please note any allergies or medical conditions: _____

Please circle for Youth Leagues: Jersey/Shirt Size YS YM YL AS AM AL AXL AXXL

We can not guarantee, but please indicate evenings your child can not practice: M T W T F

Are you willing to coach? YES NO Co-Coach? YES NO Team Parent? YES NO

How may season has your child played? _____

Waiver for Participation (must be signed by participant or parent/guardian if under 18 y.o.)

In consideration of accepting this registration, I recognize that there are inherent risk of physical injury and I agree to assume full ricks of any injuries, including death, damages or loss which I, or listed dependents, may sustain as a result of, or in any way connected with participation in recreational activities. I agree to indemnify and hold harmless to County of New Kent, its staff, employees, contracted program instructors, and volunteers form and against any and all liability from bodily injury and/ or property damage which may result from participation in the program. I hereby fully consent to emergency treatment, should emergency personnel or a physician deem such attention necessary. I understand that photographs may be used by the Department of Parks and Recreation and the County of New Kent for promoting programs, reports, and events.

Print Name Signature Date

NKPR, P.O. Box 150, New Kent, VA 23124, Phone 804-966-8502, Fax 804-966-8537, www.co.new-kent.va.us

Office Use Only	Staff Initials: _____	Date: _____	Payment Method: _____
Other Notes: _____			

