PARKS AND RECREATION PROGRAM REGISTRATION FORM

☐New Participant ☐Returning Participant

Primary Adult/Parent/Guardian Name: _____ Date of Birth: _____

Address: _____

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

Email Address: _____

Emergency Contact Name: _____Relation to Primary Adult: _____

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

Participant First & Last Name	Date of Birth	Gender	T-Shirt Size	Program Title	Fees
_____	_____	___ M ___F	_____	_____	_____
_____	_____	___ M ___F	_____	_____	_____
_____	_____	___ M ___F	_____	_____	_____

(**T-Shirt/Jersey sizes available: YS YM YL AS AM AL AXL AXXL**)

Please note any allergies or medical conditions: _____

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

How many seasons has your child played? _____

Waiver of 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 risks of physical injury and I agree to assume full risks 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 the County of New Kent, its staff, employees, contracted program instructors, and volunteers from 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

Mail to (along with payment): 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: _____