



Caroline County Parks and Recreation Department



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

PROGRAM TIME: Start: _____ End: _____ **PROGRAM START:** Date: _____ Location: _____

FOR QUICK ACCESS TO ALL CANCELLATION/ACTIVITY AND OTHER COUNTY GOVERNMENT NEWS, SIGN UP ON www.CarolineAlert.com TO RECEIVE INFORMATION ON YOUR CELL PHONE AND DESK TOP COMPUTER. THIS IS A FREE SERVICE OFFERED BY THE CAROLINE COUNTY BOARD OF SUPERVISORS.

CUT ON LINE BELOW AND SAVE TOP PORTION FOR YOUR INFORMATION

Caroline County Parks & Recreation Activity Registration Form

Participant's Name: _____ Gender: Male _____ Female _____

Age: _____ Birth Date: _____ School: _____ Grade: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List Medical Conditions that we Should be Aware of: _____

Activity Registering For: _____ Start Date: _____ Class Time: _____ Fee: _____

Have you participated in the activity before? _____

T-Shirt Size: (circle) Youth SM (6-8), YM (10-12), YL (14-16) Adult – SM, MED., LG., XL., XXL

Please circle your voting district below:

Bowling Green Madison Mattaponi Port Royal Reedy Church Non-County Resident

****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 of actions, 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 Virginia, the Caroline County Board of Supervisors, the Caroline County Parks and 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 assigned to transport. Events may be scheduled on religious holidays.

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

SIGNATURE OF PARENT/GUARDIAN

PRINT NAME OF PARENT/GUARDIAN

DATE

Check #: _____ Check Amount: _____ Cash: \$ _____ Date: _____ Staff Initial: _____

Caroline County Parks and Recreation
P.O. Box 447
Bowling Green, VA 22427
804-633-7277 Fax: 804-633-4136

Office Location: Community Services Center
17202 Richmond Turnpike
Milford, VA 22514