



registration form

Please Print, Fill Out Completely, Sign and Mail To:

Fax:

**Charlottesville Parks & Recreation
PO Box 911
Charlottesville, VA 22902**

(434)970-3596

Household Information:

Last Name (Primary Guardians) _____ First Name (Primary Guardians) _____

Address _____ City/State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

E-Mail _____

Registration Information:

Participants First Name	Participants Last Name	M/F	Birthdate	Activity #	Activity Name	Fee
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
Total Amount of Fees						\$

Payment Information:

Please check one of the following: Visa Mastercard Discover Cash Check

Credit Card Information: Card # _____ 3-Digit Security Code: _____

Expiration Date: Mo _____ Yr _____ Signature: _____

Liability Release:

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act on the

_____ day of _____, 2011. Participant Parent, Legal Guardian or Legal Custodian, if participant is

under 18 years of age: _____