Hanover County VA
PARKS & RECREATION

Program Registration Form

ENROLL AND PAY NOW ONLINE AT HANOVERPARKSREC.COM

OR MAIL COMPLETED FORM WITH PAYMENT TO
Hanover County Parks and Recreation
13017 Taylor Complex Lane Ashland, VA 23005

For Office Use Only:
staff:_____ date: _____
○ cash ○ check ○ credit

	First Name	Last Name	Birth Date	Grade	Gender	Program #	Program Title	Location	Fee:::
1			/ /						
2			/ /						
3			/ /						
4			/ /						

Participant Emergency Contact (Name): _____ **Total** _____

Home: _____ **Cell:** _____ **Payment is required at the time of registration.**

Participation Waiver: I, the undersigned participant/parent or guardian, if under eighteen, desire to participate in the Hanover County Parks and Recreation Department programs and all special events, hereby release and agree to indemnify and save harmless Hanover County, the Parks and Recreation Department, their employees, and any official of the special activity from any and all claims of any nature for injury or loss that may result in such participation or preparation for such participation. I hereby fully consent to emergency medical care rendered by competent personnel or hospitals, should such attention become necessary during the special events. Further, I certify that the entrant is in good physical condition and capable of participating in programs.

Participant or Parent/Guardian Signature: _____ **Date:** _____

Adult Participant or Parent/Guardian Information: *please print clearly*

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

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

If willing to receive text messages, please identify cell provider: _____

Email Address: _____

Photo Waiver -Initial here_____
I hereby fully consent to allow Hanover County Parks and Recreation to use photographs taken during this program for publicity purposes.

Email Communication -Initial here_____
I would like to receive occasional e-mail communications about Hanover County programs, services and events. By agreeing to receive the above e-mail communication, I understand my e-mail address WILL NOT be disclosed to any other organization, and I may unsubscribe to this service at any time.

Allergies/medical conditions/ Special accommodations:
_____

Method Of Payment

❑ Cash (Please bring correct change) ❑ Check (Make payable to Hanover County) ❑ Credit Card (Complete information below)

Please circle one: [ ] [ ] [ ] [ ] Credit Card Number: [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] Exp Date:___/___

Is the cardholder name and billing address the same as above? CCV ___ ___ ___ *on back of card*

❑ yes ❑ no (if no, please attach info) Cardholder Signature _____

Hanover County Parks & Recreation hanoverparksrec.com parksandrec@hanovercounty.gov Fax: (804) 365-4696 (804) 365-7150