



ENROLL AND PAY ONLINE TO GUARANTEE YOUR SPACE

HANOVERPARKSREC.COM

For Office Use Only:	
staff: _____	date: _____
<input type="radio"/> cash <input type="radio"/> check <input type="radio"/> credit	

Or submit completed form to Hanover County Parks & Recreation

Mail: 13017 Taylor Complex Lane, Ashland, VA 23005

Fax: (804) 365-4696

Email: parksandrec@hanovercounty.gov

Adult 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:

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:** _____

Program and Participant Information:

First Name	Last Name	Birth Date	Grade	Gender	Program #	Program Title	Location	Fee
		/ /						
		/ /						
		/ /						
		/ /						

Participant Emergency Contact (Name): _____

Home: _____ Cell: _____

Total amount due: _____

Pre-payment required to complete registration

- Cash (please bring correct change, cash accepted only at the Taylor Complex Office)
 Check (Make payable to Hanover County)

- Credit Card



Please DO NOT provide your card number on this registration form. Please provide us with your contact information where we can call during business hours to securely receive your payment information.

Name: _____ Phone Number: _____