

WALK IN OR AFTER HOURS DROP BOX

Submit completed form and payment via mail to Hanover Co. Parks and Recreation 13017 Taylor Comple<u>x Lane</u> Ashland, VA 23005

| staff: | |
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| | For (|
| | Office |
| date: | Use (|
| | Only: |

Pole Green Community Center laylor Complex Office

| O cash | staff: | For (|
|----------|--------|---------------------|
| O check | | For Office Use Only |
| O credit | date: | se Only: |

| Adult Participant or Parent/Guardian Information please print clearly | Second Parent (if applicable) please print clearly | |
|---|--|--------------|
| First Name Last Name | First Name | Last Name |
| Address | Address | |
| City State Zip | City | State Zip |
| Phone (H): (W): (C): | Phone (H): (W): | (C): |
| Email Address: | Emergency Contact | Phone Number |
| Allergies/medical conditions: Special accommodations requested (please specify participant): | | |
| | | |

Further, I certify that the entrant is in good physical condition and capable of participating in programs. 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 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 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

Participant or Parent/Guardian Signature:

Photo Waiver: I hereby fully consent to allow Hanover County Parks and Recreation to use photographs taken during this

program for publicity purposes

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

Date:

Initial: Please

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|---|--|-----|-----|-----|------------------------------------|
| Method Of Please circle one: vsa sthe cardholder name a yes no (if no, please | | | | | Participant First Name |
| J correct change) Maserary Inspects and billing address the se attach info) | | | | | Last Name |
| Carc | Paymen | 1 1 | 1 1 | 1 1 | Birth Date |
| Check (Make payable to Hanover County) Number: | Payment is required at the time of registration. | | | | Current Grade Gender Program # |
| yable to | at the | | | | Gender |
| o Hanover C | time of re | | | | Program # |
| | gistration. | | | | Program Title |
| Credit Card (Complete information below) Expiration Date: // // // // // // // // // // // // // | TOTAL | | | | Location |
| ormation below) | | | | | Fee |
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