

**HELP US SAVE PAPER. REGISTER ONLINE BY VISITING [www.roanokeva.gov/playonline](http://www.roanokeva.gov/playonline)**

Participant: \_\_\_\_\_  Female  Male City Resident:  Yes  No  
 Age (if under 18): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Parent/Guardian (if under 18): \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Sport: \_\_\_\_\_  
 Team Name: \_\_\_\_\_

Program Title/League/Course No.	Dates	Day	Time	Fee

**Method of Payment**

Total Due: \$ \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_  
 Cash  Check  Visa  MasterCard

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ Security code: \_\_\_\_\_  
 Make checks payable to City of Roanoke. (Three-digit number located on back of card.)

Mail or Fax completed form to: You may also drop by our offices.  
 Roanoke Parks and Recreation For more information call 853-2236  
 215 Church Avenue, Room 303 Hours: 8 a.m.–5 p.m. M-F  
 Roanoke, VA 24011  
 Fax: 853-1287

**Medical Consideration**

I understand that participation in this activity is, by nature, physically demanding. Therefore, the participant must be free of medical or physical conditions which might create undue risk to themselves or others who might depend on them (use additional sheets for individual registered above, if necessary).

1. What disabilities or conditions does the participant have which might limit participation in this activity? \_\_\_\_\_
2. What medications, if any, does the participant take at this time? \_\_\_\_\_
3. What allergies, if any, does the participant have at this time? \_\_\_\_\_

**Assumption of Risk**

In consideration of myself or my minor child or ward being permitted to enroll and participate in this program, I agree to:  
 1. Assume all risks of this activity and understand that such activity is subject to mishap and even injury, and that participation in the activity could result in broken limbs, paralysis, or other serious injury or death; 2. Attend program pre-meeting(s), when offered, to learn specific program safety procedures; 3. Grant permission to transport me or my minor child or ward to and from the activity if required, and to hold harmless those who provide transportation; 4. Allow transportation of me or my minor child or ward to the nearest physician for medical treatment and agree to allow for immediate medical treatment when deemed necessary; 5. Wear proper clothing and protective equipment during the program and act in a safe and responsible manner so as not to endanger other persons or property; 6. Indemnify and hold harmless the City of Roanoke, its officers, officials, agents, instructors, employees, and volunteers from any and all claims, damages, losses, and expenses, including attorneys' fees, for any harm, injury, damage or loss which may be sustained by me or my minor child or ward, arising out of, or resulting from, participating in this activity; 7. Assign to the City of Roanoke, its nominees and agents, permission to use, publish and republish for purposes of advertising and trade, such use as the City may determine, information and reproductions of my likeness (photographic or otherwise) or that of my minor child or ward, with or without identification of me, or my minor child or ward by name; and 8. Allow my minor child or ward named above to participate in the program.

**Registration Guidelines**

You will be contacted before the program begins to be given course or program details or to answer questions.  
 Your expectations and concerns are important to us! Refunds are made when classes are filled, cancelled, or when changes in day, time or location of the activity would prohibit the registrant's attendance.  
 No refunds will be given after the deadline unless your place can be filled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_