

**Greene County Department of Parks & Recreation Sponsored**



# **Family Skate Trip**

**Saturday, November 15, 2014**

**Leave: 1:00 p.m.**

**Return: 5:00 p.m.**

**Fee: \$10**

Children under 11 must be accompanied by a paying adult. We will travel to Culpeper's "Dominion Skating Rink" for an exciting evening of roller-skating fun. Rollerblades are welcomed. Socialize, exercise and get out of the house. We will leave RES at 1:00p.m. and return no later than 5:00p.m. Transportation is provided by school bus to and from the rink. We have a 25 person minimum and can accommodate up to 40 people! Fee includes admission, skate rental & transportation. Be sure to bring money for the concessions.

**Registration deadline is Friday October 24, 2014**

*This is a GCPR Activity, please return registration forms to GCPR.*



GREENE COUNTY PARKS AND RECREATION  
P.O. Box 358 Stanardsville, VA 22973 434-985-5226  
ROLLER SKATE TRIP PARTICIPANT REGISTRATION FORM

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Start Date 11/15/13 Fee \$10

The Greene County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Greene County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

\_\_\_\_\_  
Signature Parent/Guardian/Participant

\_\_\_\_\_  
Print Name—Parent/Guardian/Participant

\_\_\_\_\_  
Date