



# Gloucester Parks, Recreation & Tourism

6467 Main Street, Gloucester, VA 23061

804.693.2355

## Activity Registration Form

Make Checks Payable to Gloucester County

PLEASE PRINT CLEARLY

### Parent/Guardian Information

Mother/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name Middle Initial Last Name

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name Middle Initial Last Name

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City & State Zip

\_\_\_\_\_  
Physical Street Address IF DIFFERENT from Mailing Address City & State Zip

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_  
(E-mail address is required for online registration access)

### Emergency Contact Information (who to contact if you cannot be reached – please list AT LEAST one contact)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Out-of-County Fee:** There is a \$10.00 fee per person, per activity for participants residing outside Gloucester County. This applies to activities meeting at least six times.

**Discounts:** Many of our activities have a discount for enrolling more than one child in the same activity. This does not apply to every program, so please check before applying a discount.

**Refunds:** Refunds cannot be given after the deadline has passed or the class has begun unless there is a medical reason. A doctor's note may be requested.

**Carpool Requests:** Please do not make a carpool request unless absolutely necessary. While we will attempt to fulfill the request, we cannot guarantee it. Only one carpool request per participant and **BOTH** families must mark this request on the form. We do not take coach requests, and we can't guarantee practice days or times.

**PARTICIPANT INFORMATION** (up to 4 people in the same household)

<b>Name</b> (First & Last):	<b>Birthdate:</b>	<b>Gender:</b> Male Female
<b>Activity Name:</b>	<b>Activity #:</b>	<b>Fee:</b>
** I would like to volunteer as a (please circle): COACH ASSISTANT OFFICIAL		
I would like my child to carpool with (applies to sports only): _____		
<b>Name</b> (First & Last):	<b>Birthdate:</b>	<b>Gender:</b> Male Female
<b>Activity Name:</b>	<b>Activity #:</b>	<b>Fee:</b>
** I would like to volunteer as a (please circle): COACH ASSISTANT OFFICIAL		
I would like my child to carpool with (applies to sports only): _____		
<b>Name</b> (First & Last):	<b>Birthdate:</b>	<b>Gender:</b> Male Female
<b>Activity Name:</b>	<b>Activity #:</b>	<b>Fee:</b>
** I would like to volunteer as a (please circle): COACH ASSISTANT OFFICIAL		
I would like my child to carpool with (applies to sports only): _____		
<b>Name</b> (First & Last):	<b>Birthdate:</b>	<b>Gender:</b> Male Female
<b>Activity Name:</b>	<b>Activity #:</b>	<b>Fee:</b>
** I would like to volunteer as a (please circle): COACH ASSISTANT OFFICIAL		
I would like my child to carpool with (applies to sports only): _____		

Notes

Subtotal: _____
Discount: _____
Out-of-County Fee: _____
Amount Paid: _____
Balance Due: _____

I (we) waive and release any and all rights and claims or damages I (we) may accrue against Gloucester County, its officers and agents or assigns for any and all injuries suffered by me (us), the participant(s), at this event or while traveling to and from this event.

Participant Signature or Parent/Guardian Signature if under age 18

Date