Shenandoah County Parks and Recreation

600 North Main Street, Suite 108 Woodstock, VA 22664 | 540-459-6777 | www.scpr.info

HOUSEHOLD INFORMATION: (only ONE household per form)

Parent/Guardian Name: _____

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Cell #:_____ **Home #:**_____ **Email:**_____

Emergency Contact Name:_____ **Phone #:**_____

PARTICIPANT NAME	D.O.B.	M/F	GRADE	ACTIVITY NAME	ACTIVITY #	SHIRT SIZE	FEE
John Doe	01/02/2000	M	5th	Karate	123456-A	YM	$38

TOTAL: _____

Registration Options:
1, On-Line – 24 hour convenience, credit card ONLY
2. Mail In – Send payment and registration form, check ONLY
3. Walk In – Come see us - cash, check, credit card
4. Fax In – Fax registration form with CC payment-540-459-8040

☐ **YES!** I want to make a donation to the SCPR "Punky Riley Scholarship Fund" in the amount of $_____

RELEASE: **I know that participating in the program named above is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the program above including, but not limited to, falls, contact with other participants, and the effects of the weather (including high heat and/or humidity,) all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release Shenandoah County Parks & Recreation, Shenandoah County, any and all partners, sponsors, officials, volunteers, instructors, coaches, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in the program above, even though that liability may rise out of negligence or carelessness on the part of the person(s) named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of me for any legitimate purpose. IF PARTICIPANT IS UNDER 18: This is to certify that I acknowledge and agree to the above for my son/daughter/ward, and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that Shenandoah County Parks & Recreation employees, volunteers, officials, instructors, and/or coaches have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned to use any photographs, motion pictures, recordings, or any other record of my child for any legitimate purpose.**

Signature of Participant, Parent or Guardian:_____ **Date:** _____

CREDIT CARD: ☐ **Visa** ☐ **MasterCard** ☐ **Discover** ☐ **American Express**

Card #: _____-_____-_____-_____ Expires: _____/_____ CVV #: _____ Amount: $_____

Cardholder Name (print):_____ Signature: _____

OFFICE USE ONLY:

☐ **Check (payable to "SCPR")** ☐ **Cash** ☐ **Credit Card** ☐ **Gift Card** ☐ **Scholarship Awarded**

Check #:_____ **Amount: $**_____ **Date Received:** _____/_____/_____ **Staff:**_____