

# PROGRAM REGISTRATION FORM

**WALK IN OR AFTER HOURS DROP SLOT:**

King William Administrative Bldg.  
180 Horse Landing Road, King William 23086



Submit completed form and payment via mail to  
**King William County Parks and Recreation**  
PO Box 215  
King William, VA 23086

<b>For Office Use Only:</b>	
Received: _____	Staff: _____ Date: _____
<input type="radio"/> check	<input type="radio"/> cash

## Adult Participant or Parent/Guardian Information

*please print clearly*

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please note that registration receipts and confirmations will be emailed to this account..

## Second Parent (if applicable)

*please print clearly*

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Name Phone Number

**Allergies/medical conditions/** \_\_\_\_\_  
**Special accommodations requested** (please specify participant): \_\_\_\_\_

I, the undersigned participant/parent or guardian, if under eighteen, desire to participate in the King William County Parks and Recreation Department programs and all special events, hereby release and agree to indemnify and save harmless King William County, the Parks and Recreation Department, their employees, King William County Public Schools, Town of West Point, West Point Public Schools and any official of the special activity from any and all claims of any nature for injury or loss that may result in such participation or preparation for such participation. I hereby fully consent to allow King William County Parks and Recreation to use photographs taken during this program for publicity purposes. I hereby fully consent to emergency medical care rendered by competent personnel or hospitals, should such attention become necessary during the event. Further, I certify that the entrant is in good physical condition and capable of participating in programs.

**Participant or Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Participant First Name	Last Name	Birth Date	Grade	Gender	Shirt Size	Program #	Program Title	Location	Fee
1			/ /							
2			/ /							
3			/ /							
4			/ /							

**Payment is required at the time of registration.**

**TOTAL**