

program registration - S2010

Participant: _____ Male Female
 Age (if under 18): _____ Birth Date: _____
 Parent/Guardian (if under 18): _____
 Email Address: _____
 Home Phone: _____ Work Phone: _____
 Address: _____
 City/Town: _____ State: _____ Zip: _____

Has someone in your household attended a PAYS Clinic? Yes No
 If so, when? _____
 Do you have any allergies to medications or insect bites? Yes No
 If yes, what? _____

Emergency Contact: _____
 Home Phone: _____
 Work Phone: _____
 Address: _____
 City/Town: _____
 State: _____ Zip: _____

Are you are taking medication or have a condition we should be aware of? _____

Course No.	Session/Level	Location	Fee

YOUTH FOOTBALL
 Jersey Size: Youth - SM MED LG Adult - SM MED LG XL
 Pants Size: Youth - SM MED LG Adult - SM MED LG XL

YOUTH CHEER
 Skort Size: Youth - SM MED LG Adult - SM MED LG XL
 Tee Size: Youth - SM MED LG Adult - SM MED LG XL
 Sweat Shirt: Youth - SM MED LG Adult - SM MED LG XL

METHOD OF PAYMENT

Cash Check Visa MasterCard

\$ _____ Total Due

\$ _____ Contribution to the Let the Kids Play! Scholarship Fund

\$ _____ Amount enclosed

Account Number: _____

Expiration: _____ 3 Digit VCode: _____

Assumption of Risk
 I for myself and/or my child named on this form as a patron and/or participant in said Montgomery County Parks & Recreation program, am aware of the possibility of accidental or other physical injury which may befall me or my child during participation in said program. I assume the risk of possible accidental injuries I or my child may incur and hereby indemnify Montgomery County Parks & Recreation and do hereby indemnify and release from any liability or cause of action, Montgomery County, its successors, employees, and volunteers. I understand that photographs or videos of me or my child may be taken during said program, that my or my child's likeness may appear in media coverage and publicity regarding said program, which no compensation in any form will be made by Montgomery County, and I give my consent to these conditions.

Signature _____ Date _____

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