

# registration form

**Montgomery County Parks & Recreation**  
 755 Roanoke Street, Suite 1E  
 Christiansburg, VA 24073  
 Phone: 540.382.6975 Fax: 540.382.4596  
 www.MontgomeryCountyVA.gov/Parks

Participant: \_\_\_\_\_ Male  Female  Age (if under 18): \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Parent/Guardian (if under 18): \_\_\_\_\_  
 Email address (required for online account access\*): \_\_\_\_\_

**\* Future transactions can be conducted online from anywhere, any time! No need to come to the office, email, mail or fax!**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Would you like to receive text messages from us? Yes  | No  Cell phone carrier \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Would you be interested in being a coach or assistant coach? Yes  No

Do you have any allergies to medications, bee stings or other insect bites? \_\_\_\_\_

Are you currently taking any medication or have a condition we should be aware of? \_\_\_\_\_

If applicable, please select from the following:

**BASEBALL (please note: we do NOT have sample sizes)**

Jersey size:	Youth SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/>	Adult SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/>
Pants size:	Youth SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/>	Adult SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/>

**SOFTBALL (please note: we do NOT have sample sizes)**

Jersey size:	Youth SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/>	Adult SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/>
Pants size:	Youth SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/>	Adult SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/>

Course Number	Location	Fee

**If you will be taking trips with us in our vehicles, you must provide the following information:**

**(this does not apply to youth programs)**

In the event over-the-counter medication is necessary, I give permission for the trip leader to administer medication to myself as a participant or for my son, daughter or ward as a participant. Examples of medications used, but not limited to: (please select all medications you give permission to administer):

anti-diarrhea  betadine  iodine  neosporin  benadryl  acetaminophin  sting-eze  cold compress

What is your doctor's name? \_\_\_\_\_

What is your doctor's phone number? \_\_\_\_\_

Where would you like to be picked up for trips? (select one)

- Montgomery County Government Center, 755 Roanoke St., Christiansburg, Very back parking lot
- Gables Shopping Center, 1322 S. Main St., Blacksburg, Parking lot behind gas station

**METHOD OF PAYMENT**

\$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_ Contribution to the Let the Kids Play! Scholarship Fund \$ \_\_\_\_\_ Amount enclosed

Cash  Check  Visa  MasterCard  Discover  American Express

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Assumption of Risk**

I, for myself and/or my child named on this form, as a patron and/or participant in said MCPR 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 MCPR 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, for which no compensation in any form will be made by Montgomery County, and I give my consent to these conditions.

Signature \_\_\_\_\_

Siure \_\_\_\_\_ Date \_\_\_\_\_