



PAYMENT MUST ACCOMPANY THIS FORM.

Make checks payable to FCPR

P.O. Box 128, Fork Union, VA 23055, 434-842-3150, FAX 434-842-1015

Registrant's Name _____ Date _____

Mailing Address _____ Home Phone _____

City _____ County _____ Zip _____ Resident Non-Resident

Email Address: _____ Work Phone _____

To Subscribe for Program Guides to be mailed to your address above @ \$3 for a year, check here

If school-aged student, please complete the following: AGE ___ D.O.B. _____ SCHOOL _____ Sex: Boy or Girl

Circle: Youth or Adult T-shirt size: S M L XL Circle: Youth or Adult Skirt size: XS S M L

ACTIVITY TITLE	COURSE NO.	DATE (S)	TIME (S)	FEE (non -resident add 15%)

I have had explained to me the nature of the activity in which I am (my child) is being enrolled. I understand that there are certain risks associated with this activity and that it is the duty of each participant to exercise reasonable care for his own safety and that of other participants. If this consent is given for my child, I also understand that, while participating in the activity, my child will be expected to behave in a reasonable and responsible manner and that the activity's supervisory staff has the authority to discipline my child in a manner similar to that imposed in Fluvanna County's public schools. I understand that under Virginia law, both Fluvanna county and its employees are immune from liability for negligence should I (my child) suffer any injury while participating in the activity and that I may consider procuring insurance to protect myself (my child) from such occurrences. With all this in mind, I hereby give my consent to enroll myself (my child) in the activity listed above, specifically agreeing & consenting to the following where applicable. I also, agree for my child to be transported by Parks & Rec. to the appropriate facility for my child to participate in such class if needed.

Refunds may be given when requested PROVIDED THE REQUEST IS MADE PRIOR TO THE START OF THE ACTIVITY. A \$10 service charge will be deducted from the refund unless the cause is due to a change in the class schedule. If supplies have been purchased on your behalf, that amount may also be deducted from your refund. Allow at least 60 days for your refund to be mailed. If you prefer you may opt to receive your refund in the form of a voucher.

Date _____ Signature of Participant or Legal Guardian if under 18 years of age _____

Print Parent or Legal Guardian's name for participants under 18 years of age _____

OFFICE USE ONLY BELOW THIS LINE

Invoice No. _____ Rec'd. Date: / / By: _____ Check# _____ CASH
 Deposit Check # _____ Deposit Cash _____