

REGISTRATION FORM

LYNCHBURG PARKS & RECREATION | 301 GROVE STREET, LYNCHBURG VA 24501 | PH 434-455-5858

How did you hear about this activity?

- Activity Guide Email Social Media News Story (print/TV) Advertisement (print/web/TV) Outdoor Advertisement LTV
 Newsletter/Calendar Website Word of Mouth Other:

Participant's Name: Date of Birth: ____/____/____
 Female Male

City of Lynchburg resident? Yes No *Only participants living in the City of Lynchburg are eligible for Lynchburg Resident Rate (LR).*

Participant's Street Address (required): Mailing Address (if different than street address):

Street Address Street Address or PO Box

City State Zip City State Zip

Home Phone: Work: Cell:

Email:

Emergency Contact: Relationship: Phone:

PARTICIPATION AGREEMENT WITH 911 RELEASE

In consideration of the permission granted to me/my child by Lynchburg Parks & Recreation Department, being fully aware and understanding any risks and dangers that are associated with said activities; it is still my decision to participate/allow my child to participate in such activity(ies). I hereby release and hold harmless the City of Lynchburg, its officers, employees, and volunteers from all actions, causes of action, damages and claims, or demands which I, my heirs, executors, administrators, or assigns may have against the City of Lynchburg, and/or other described parties for all personal injuries known or unknown incurred by participation in this/these activity(ies). In the event of a medical emergency, I authorize representatives of Lynchburg Parks and Recreation to contact EMS at 911, if I or my child is incapacitated. In the event I or my child requires medical treatment, I agree to be responsible for the cost of such treatment.

Signature of Participant or Parent/Legal Guardian (required): Date:

PHOTO RELEASE

I grant the City of Lynchburg permission to use my/my child's likeness and name in any official communications materials, which may include, but are not limited to news releases, publications, videos, billboards, television, and social media. I, the undersigned, have read this release and understand all its terms.

Signature of Participant or Parent/Legal Guardian (required): Date:

ACTIVITY TITLE	ACTIVITY NUMBER	START DATE	FEE OR LR FEE
			\$
			\$
			\$
OFFICE USE ONLY			RECEIPT REQUESTED
RECEIPT #:	PROCESSED BY:	DATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
			TOTAL DUE
			\$

METHOD OF PAYMENT

- Cash (Do not send cash through the mail.)
 Check (#.....)
 Money Order

Name and address of person paying for activities (if different than participant):

Name Street Address City State Zip

REFUND POLICY

- Refunds will only be considered if requested at least 10 business days prior to the start of the activity and may be subject to an administrative fee for incurred costs.
- No refunds (or partial funds) will be issued to customers who fail to attend an activity/class.