



TOWN OF FARMVILLE: PARKS AND RECREATION DEPARTMENT

Physical Address: 124 South Street, Farmville, VA 23901

Phone Number: 434-391-1125

Email: twoodson@farmvilleva.com

Program Participation Form: 20__ - 20__

Participant's Name: _____ Date of Birth: _____ Sex: M or F Age: _____

Parent/Guardian's Name: _____

Address: _____

Primary Phone: _____ E-Mail Address: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Any Medical Conditions, ETC: _____

If you have a disability and require an accommodation in order to participate, please explain: _____

Town of Farmville Resident: Yes or No

Table with 5 columns: Class/Program Name, Start Date/End Date, Days, Time, Program Fee

Apply in Person or Mail to: P.O. Drawer 368 Amount Due: _____
116 North Main Street, Farmville, VA 23901

In person payments may be made by check (make payable to the Town of Farmville), cash, or debit/credit card.

WAIVER:

I/We consent to participate in the Farmville Recreation Department Programs. In participating in Recreation Programs, sponsored by The Town of Farmville, I hereby acknowledge that I/We understand that there are risks of accidents resulting in bodily harm arising out of those activities. I/We understand that Recreation activities are planned with the safety of the participants in mind. In case of emergency, accident, or illness, if I/We are not present I/We hereby give our permission for the representative of the Recreation Department to obtain any required medical attention that may be needed. I/We will notify the representative of any physical limitations (allergies, hearing, sight, etc) or other additional information they need to know about the participant. I/We further acknowledge that the participant has the physical capacity reasonably necessary to engage in the Recreation activity for which they have enrolled. I/We agree to be the party responsible for all medical expenses which are incurred on my behalf. It is understood and agreed that the Town, Mayor, Town Council, Boards, employees, volunteers, and agents shall be held harmless against all claims, damages, losses, or expenses including attorney's fees arising out of or resulting from participation in recreation programs. I/We agree any pictures taken may be used for future promotions for the Town of Farmville.

Initial: _____ ** I have read the above waiver and understand the contents**

Signature (Parent or Guardian)

Date