



Program Registration Form

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 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 Name, Start Date/End Date, Days, Time, Program Fee

Apply in Person or Mail to: P.O. Drawer 368, 116 North Main St., Farmville, VA 23901. Amount Due: \_\_\_\_\_ (Make Checks payable to the Town of Farmville)

Recreation Scholarship Fund:

Yes, I would like to contribute \$1.00, \$2.00, \$5.00 or other \$\_\_\_\_\_ to the Recreation scholarship fund. This fund allows children from the Town of Farmville to attend recreational programs in our Town who financially may not be able to participate. Please include this with your payment. Thank you for your donation.

WAIVER: In participating in Recreation Programs, sponsored by The Town of Farmville, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Town, it's Mayor, Town Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

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

Signature (Parent or Guardian)

Date