



Skating Registration Form



REGISTRATION FORM (One Form Per Participant)

Participant's Name: _____

Gender: M F Date of Birth: ___ / ___ / ___ Age: ___ Grade (2018-19): ___ School: _____

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Emergency Contact Name: _____ Emergency #: _____

Does the above participant have any special conditions that Parks & Recreation should be aware of?

Yes No If yes, please specify: _____

REGISTRATION POLICIES & CONSENT (SIGNATURE REQUIRED)

Important: Read the following carefully before signing below. As a registered participant OR a parent or legal guardian of a registered participant in any activity sponsored by York County Parks & Recreation, I acknowledge and consent to the program policies listed here as indicated by my signature below:

Acknowledgment and Assumption of all Inherent Risk: I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I and/or the listed dependent(s) registered here may sustain as a result of, or in any way connected with participating in any and all registered activities on this Registration Form.

Indemnity: I hereby do fully release, absolve, indemnify, and hold harmless the County of York, Virginia, its Officers, Agents, Employees and Volunteers from and against any, and all, liability which I and/or a listed dependent on this Form may suffer as well as from any claims from injury, including death, damages or loss which I and/or any registered dependent(s) on this Form may have or incur as a registered participant in an activity sponsored by York County Parks & Recreation.

Medical Care: I authorize the County of York, Virginia, its Officers, Agents, Employees and Volunteers, at any such person's discretion to administer emergency first aid treatment and at my expense to obtain the services of a physician(s) and or rescue squad and authorize the same to effect such treatment of the registrant(s) as they deem advisable. I also assume responsibility for carrying appropriate medical plans including hospitalization.

Authorized Media Release: I understand that the registered individual(s) on this form may be photographed and/or videotaped for promotional purposes and give my permission for these photos to be used in public media (print and online newspapers, television and radio broadcast, etc.) and official York County publicity (including York County Government and School cable channels, internet Web sites, press releases, social media postings, YouTube, publications, fliers, displays, and presentations).

X _____

SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN

DATE