Print Form

PRT PARKS, RECREATION & TOURISM York County VIRGINIA

Division of Parks, Recreation & Tourism
NQP YOUTH BIKE SERIES

NEW QUARTER PARK york county, virginia

REGISTRATION INFORMATION/FORM

IN PERSON - Register at the Parks, Recreation & Tourism Office, 100 County Drive, Grafton. Office hours are 8:15 am to 5:00 pm, Monday - Friday.

MAIL - A complete registration form with a check to PARKS, RECREATION & TOURISM, P.O. BOX 532, YORKTOWN, VA 23690. Please make checks payable to "**Treasurer, County of York**". NOTE: PLEASE SUBMIT ONE CHECK PER FAMILY.

ONLINE - Call 757-890-3500 or email parksandrec@yorkcounty.gov to set up your new online registration account or to obtain your username and password. You may then register online at http://recreation.yorkcounty.gov.

Check one or more races below. One participant per form.					OFFICE USE ONLY		
❑		Pre-ride	October 3	$0			
❑		Pre-ride	October 7	$0			
❑	210530C1	All 3 Races *(1st family member)*		$25	❑Cash	❑Check #_____	Date: _____
❑	210530C1	All 3 Races *(Additional family member)*		$20	❑Cash	❑Check #_____	Date: _____
❑	210530C2	Race #1	October 11	$10	❑Cash	❑Check #_____	Date: _____
❑	210530C3	Race #2	November 1	$10	❑Cash	❑Check #_____	Date: _____
❑	210530C4	Race #3	November 15	$10	❑Cash	❑Check #_____	Date: _____

Participant's Name: _____

Gender: ❑M ❑F Date of Birth: ____/____/____ Age: _____ Grade: _____ School: _____

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Home: # _____ Work: # _____ Emerg. Contact: # _____ Cell: # _____

Emergency Contact Name: _____

Email: _____

Does the above participant have any special conditions that the Division of Parks, Recreation & Tourism should be aware of? ❑ Yes ❑ No If yes, please specifiy: _____

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 & Tourism, I acknowledge and consent to the program policies listed here as indicated by my signature below:

Acknowledgement 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 & Tourism.

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 and official York County publicity (including York government's cable channels, government internet Web sites, publications, displays, and presentations).

X _____ SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN _____ DATE

Sponsored by York County Parks, Recreation & Tourism