



Louisa County Parks, Recreation & Tourism

PARTICIPANT REGISTRATION FORM

Mail this form to: LOUISA COUNTY PARKS, RECREATION & TOURISM
 Post Office Box 864 Louisa, VA 23093 (540) 967-4420

Main Contact _____

Address _____

City _____ Zip _____ Cell Phone _____

Home Phone _____ Work Phone _____

E-Mail Address _____

I would like to receive the LCPRT e-newsletter _____ Photograph my family enjoying LCPRT activities _____

Please add me to your mailing list so that I may receive the Leisure Times Brochure in the mail _____

Members of Household

Participant Name	Birthdate	Gender	Shirt Size	School	Grade	Teacher

I am registering for the following programs:

Participant's Name	Program Name	Program Location	Start Date	Program Fee

The Louisa County Parks, Recreation & Tourism does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks, Recreation & Tourism Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/self to participate in this activity sponsored by Louisa County Parks, Recreation & Tourism. I will not hold Department Personnel, Instructors, School Personnel, or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program. MEDIA RELEASE: I understand that Louisa County Parks, Recreation & Tourism staff take photographs of the participants in Department-sponsored programs and activities and use such photographs for marketing purposes. I also realize that LCPRT frequently takes photographs at their events and classes and by signing this form I agree that photos may be taken of me/my family and that they may be used in promotional materials for LCPRT.

Signature of Parent/Guardian/Participant _____

Date _____

Print this form. Fill out this form and mail it in with your payment.