

COURSE REGISTRATION FORM

Family Information		
Adult/Parent/Guardian Last Name	Adult/Parent/Guardian First Name	
Street Address		
City	State	Zip
Home Phone	Alternate Phone	Emergency Phone
Email Address		

ASSUMPTION OF RISK & RELEASE

I for myself and/or children named here on (participant's name) _____, as a patron and/or participant in a Virginia Beach Department of Parks and Recreation facility and/or program, am aware of the possibility of accidental or other physical injury which may befall me or my child(ren) during my/our use of the facility, equipment and/or participation in programs conducted by this department including programs co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my child(ren) may suffer while utilizing Virginia Beach Department of Parks and Recreation facilities and/or programs and release from any and all liability or cause of action, the City of Virginia Beach, its employees, and volunteers. I hereby provide consent for the Department of Parks and Recreation to use photographs and/or interviews with me and my child(ren) in connection with publicizing or promoting the City of Virginia Beach, its services, or departments and agencies. I understand that there is no remuneration for this use or reproduction of said photographs.

CITY OF VIRGINIA BEACH PUBLIC RECORDS

The records of the City of Virginia Beach are generally open to the public for inspection. State law allows the City of Virginia Beach to withhold email addresses provided by citizens to the Department of Parks and Recreation if you specifically request in writing that such record(s) not be disclosed. If you want to request that your email address not be disclosed, please check the box requesting the email address be withheld and sign below.

Please withhold my email address

Signature	Date
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YOUTH ACTIVITIES GRANT FUND (OPTIONAL)

I/we do hereby make a gift in the amount of \$ _____, to the Department of Parks and Recreation Gift Fund for the purpose of the Youth Activities Grant Fund, City of Virginia Beach, Virginia.

Signature	Date
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COURSE INFORMATION *Membership card or day pass required for programs held at any recreation center unless otherwise noted

Participant's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth	T-Shirt Size	Membership #
Activity (1st Choice)*	Course #	Start Date	Site	\$
Activity (2nd Choice)*	Course #	Start Date	Site	\$

PAYMENT INFORMATION

Payment Type (Select One)	<input type="checkbox"/> Cash	<input type="checkbox"/> Check (payable to Treasurer, City of Virginia Beach)	Total: \$
	<input type="checkbox"/>	<input type="checkbox"/>	
Acct #	Exp Date		
Signature			

You can use this form to register ...



in person at any recreation center



mail-in or drop off at any recreation center