FAUQUIER COUNTY PARKS AND RECREATION

Summer Registration Form

For registration to be processed, participant must have a FastLink Client Account with FCPRD.

Participant #_____Name (Last) _____(First)_____

Birth Date _____/_____/_____/ Age_____Grade Completed _____Work Phone (_____) _____
(18 & under only)

Sex: M F Home Phone (_____)_____Cell Phone (_____) _____

T-Shirt (circle one) **Youth: S M L XL** or **Adult: S M L XL** (not all activities include T-shirts)

If participant has any medical, behavioral or special needs, please describe:

_____

_____

See * (below)	Activity Name	Circle Region	Session #	Code	Day(s)	Date(s)	Time(s)	Fee
		N S E C						
		N S E C						
		N S E C						
		N S E C						

* **Important:** If participant is returning to a continuing program, place a check in the box to the left ot the Activity Name.

TOTAL $

ACKNOWLEDGEMENT OF RISKS/RELEASE OF CLAIMS FORM

In consideration of my participation in the activity provided by and through the Fauquier County Parks & Recreation Department, I hereby release the Fauquier County Parks & Recreation Board, the County of Fauquier, its Boards, agents, employees and volunteers from all actions, damages, claims or demands and all liability which might be incurred during the conduct of this activity. I further authorize Fauquier County employees to take and provide all necessary medical attention should I be injured while participating or being transported to or from, any Department sponsored activity and I hold said employees, the Fauquier County Parks & Recreation Board, the County of Fauquier, its Boards, agents, employees and volunteers harmless therefore. I have read the policies pertaining to cancellations, refunds, rules and regulations, as pertain to this activity. I acknowledge the risks and responsibilities involved in these activities. I assume the risks and responsibilities involved in these activities. I assume these risks realizing the capabilities of the persons participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. I understand that I may be photographed and/or videotaped while participating in this activity. I agree to allow Fauquier County Parks & Recreation Department to use said photographs and/or videotapes in Department publications, media campaigns, educational and/or safety purposes. I further waive any remuneration for publishing and/or printing such photographs of me. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

_____ / /
Signature of participant age 12 or older Signature of parent/guardian (if participant under 18) Date

METHOD OF PAYMENT (Check One)

❑ Cash ❑ Check (payable to FCPRD) ❑ Money Order ❑ VISA ❑ MasterCard

Credit Card Payment Information

Account Number: Expiration Date:

Name (as it appears on the credit card):_____

The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay such total "together with any other charges due thereon" subject to and in accordance with the agreement governing the use of such card.

Authorizing Signature _____ Date _____/_____/_____