

SPOTSYLVANIA PARKS & RECREATION DEPARTMENT
P.O. Box 28 Spotsylvania, Virginia 22553 (540) 507-PLAY (7529)
www.spotsylvania.va.us/parksandrec

Camp Registration Form

Please Print Legible –

First _____ MI _____ Last _____ Boy _____ Girl _____

Complete Address _____

City _____ Zip _____

Is this a new address or phone number? _____ Email Address: _____

Home Phone _____ Parent's Work Phone _____ Cell Phone _____

Age (where Applicable) _____ Birth date _____

Birth certificate is (circle one): on file enclosed (A birth certificate must accompany this form if not already on file.)

Shirt Size (circle): Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
(If Applicable) Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult Xlarge (46-48)

Medical conditions, injuries, or allergies _____

Emergency Contact: _____ Phone _____

Camp Name _____

Class / Activity Date(s) _____ **Activity Number** _____

Fee: \$ _____ (Add \$10.00 if registering after the deadline date stated on front page of form.)
(\$50.00 Fee On All Returned Checks)
(2.95% Non-Refundable Convenience Fee Charged On ALL Credit/Debit Card Transactions)

Release of Claims: (Parent or Guardian must sign for those under age 18): **I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, and Spotsylvania County School authorities, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a camp / program.** I understand that if I withdraw from the camp/program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a camp/program does not constitute a proper withdrawal, and the participant will not receive a refund.

Parent/Guardian Signature _____ **Date:** _____

Print Name _____

Checks Payable to "Treasurer, Spotsylvania County." (\$50.00 Fee On All Returned Checks)