Mail Completed Form with Payment to:
Louisa County Parks, Recreation & Tourism
P.O. Box 864, Louisa, VA 23093
Phone: 540.967.4420  Fax: 540.967.4450

Program Registration Form
Create Your SMART ACCOUNT Online
at www.LCPRT.info

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<th>Last Name</th>
<th>Birth Date</th>
<th>Grade</th>
<th>Gender</th>
<th>Shirt Size</th>
<th>Program Title</th>
<th>Location</th>
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**Participant Emergency Contact**: (Name): ____________________________________________
Home: ____________________________________________  Cell: ____________________________

Total: __________

Payment is required at the time of registration.

**Participation Waiver**: 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 parent 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.

**Family Contact Information**: __________________________________________________________________________________________
First Name: ____________________________________________  Last Name: ____________________________________________
Address: __________________________________________________________________________________________________________
City: ____________________________________________  State: _______  Zip: _____________
Phone (Home): ________________________________  (Work or Cell): ______________________________
Email Address: __________________________________________________________

Louisa County Parks, Recreation & Tourism may use photographs taken during this program for publicity purposes. If you do NOT consent to be photographed, opt out here: __________ (initials)

Louisa County Parks, Recreation & Tourism will send email communication about Louisa County Programs, and WILL NOT disclose your email address to any other organization. If you do NOT consent to receive emails, opt out here: __________ (initials)

**Allergies/medical conditions/special accommodations**: ____________________________________________  ____________________________________________

**Where did you hear about this program?**
☐ Leisure Times  ☐ Website  ☐ Facebook  ☐ other ____________