



# Program Registration Form

Create Your SMART ACCOUNT Online  
at [www.LCPRT.info](http://www.LCPRT.info)

Building Community ~ Changing Lives ~ Making Memories

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

	Participant Name	Birth Date	Grade	Gender	Shirt Size	Program Title	Location	Fee
	First Last							
1.					Youth S M L Adult S M L XL			
2.					Youth S M L Adult S M L XL			
3.					Youth S M L Adult S M L XL			
4.					Youth S M L Adult S M L XL			

Participant Emergency Contact (Name): \_\_\_\_\_

Total: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**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/ am physically able to participate in this program.

**Participant or Parent/Guardian Signature:** \_\_\_\_\_

### 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 \_\_\_\_\_