



County of Henrico
Division of Recreation and Parks
Summer 2008 Playground Program Registration Form

 Location

 Program Number

Child's Name (Last) _____ (First) _____ (M.I.) _____

Address: _____

City/State/Zip Code: _____

Age as of June 25, 2008: _____ Date of Birth: (Month) _____ (Date) _____ (Year) _____

School/grade child attended during 2007-08 school year: School: _____ Grade: _____

Allergies/Disabilities/Physical Limitations: _____

Mother/Legal Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father/Legal Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child has permission to walk home at the conclusion of the program. _____ **Yes** _____ **No**

My child will be picked up at the conclusion of the program. _____ **Yes** _____ **No**

My child has permission to sign himself/herself in and/or out of the program. _____ **Yes** _____ **No**

Please list three emergency contacts other than parent/legal guardian who would also have permission to pick up your child:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Assumption of Liability: I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and that there are risks inherent in this recreational activity. I further understand that Henrico County and its officers and agents are not liable for any injuries that may result from the negligence of persons conducting this recreational program. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from participation in Henrico's recreational programs.

 Signature of Parent/Legal Guardian _____ Date _____

Photographs: At times, Division staff will be taking photos for publicity or departmental purposes. We appreciate your cooperation; however, if you **do not** want pictures of your child taken, please sign below.

 Signature of Parent/Legal Guardian _____ Date _____

LOCATION: _____ **PROGRAM NUMBER:** _____

Child's Name (Last) _____ (First) _____ (M.I.) _____

Address: _____

City/State/Zip Code: _____

Mother/Legal Guardian Name: _____

Father/Legal Guardian Name: _____

(Entire form must be completed)