

# 2008 EDRec & Community Center Registration Form

**Please fill out separate forms for each participant.  
EMERGENCY CONTACT FORM ON BACK MUST BE FILLED OUT.**

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ (please circle) M/F  
 Parent/Guardian/Grandparent name: \_\_\_\_\_  
 LOW members: Lot/Section Number: \_\_\_\_\_ T-Shirt size \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Program Name	Level	Dates	Time	Cost	Total amount due

**Make checks payable to: LOWA  
Mail to: LOWA Attn: AWD, 102 Lakeview Parkway Locust Grove, VA 22508**

**RELEASE:** In the event of an emergency, I give my permission for myself/ my child to be treated with emergency care. In consideration of your accepting this entry, myself, my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I/ my child have against Lake of the Woods Association, Orange County Parks and Recreation, or any other activity providers, it's representatives, successors, and assigns all risks and hazards incidental to such participation including transportation to and from activities; especially if transportation is provided by someone other than myself. Activity personnel will make every reasonable attempt to contact me and/or my emergency contact person in the event of an emergency. To the best of my knowledge, there are no physical or other conditions which will interfere with my/my child's participation.

Parent/Guardian Name (PRINT): \_\_\_\_\_  
 Parent/Guardian Signature (if participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Participant's Agreement:** I agree to be on my best behavior at all times. I will practice safety and good common sense. I will listen to all instructors, counselors, bus drivers, teachers, and administrators when they make a request of me. Any equipment that is broken due to my misuse will be replaced by me.

Participant's Name (PRINT): \_\_\_\_\_  
 Participant's Signature (due by 1<sup>st</sup> day of activity): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
**For office use only:** Amt Paid: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Acct: \_\_\_\_\_  
 Registration list: \_\_\_\_\_ Confirmation letter: \_\_\_\_\_

# Participant Medical Release Form

PLEASE CLEARLY PRINT ALL INFORMATION

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name (if participant's under 18): \_\_\_\_\_

Parent/Guardian Daytime Phone: \_\_\_\_\_

**Emergency Contacts:** Persons to be contacted in an emergency situation when parents or guardian cannot be reached. At least one person must be LOCAL- readily accessible for your child.

Contact #1

Contact #2

Name \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

(no PO boxes)

## Participant's Health Information:

Allergies: \_\_\_\_\_

Physical Conditions: \_\_\_\_\_

Restrictions to Activity: \_\_\_\_\_

Medications (currently taking): \_\_\_\_\_

## Additional specific action to be taken in an emergency (after calling contact persons and 911):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event the participant whose name appears above becomes sick or injured the parents, guardians, or emergency contact persons, once notified, will immediately arrange for the participant to be picked up from the program. However, **if the participant requires emergency medical treatment, the staff and/or volunteers from the Lake of the Woods Association, Orange County Parks and Recreation, third party instructors or program volunteers is hereby authorized to obtain treatment of the participant by qualified personnel and if circumstances warrant, to allow transportation of the participant to a hospital.** It is understood that this authorization covers only those situations that are true emergencies and only when parents, guardians, or emergency contact persons cannot be reached. It is further understood that the person whose signature appears below will be responsible for payment of medical care costs. It is also understood that a photocopy of this authorization will be as valid as the original.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Participant \_\_\_\_\_