



Program Registration Form
 Please submit completed form and payment via mail to
 Goochland County Parks, Recreation & Facilities
 1800 Sandy Hook Road
 PO Box 910
 Goochland, VA 23063

For Office Use Only	
Staff:	_____
Date:	_____
Time:	_____
Cash	Check # _____
<input type="checkbox"/> In Activenet	

Adult Participant or Parent/Guardian Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Cell Phone _____ Email Address _____

Emergency Contact _____

Second Parent (if applicable)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Cell Phone _____

Email Address _____

Allergies/ Medical Conditions _____

Special Accommodations _____

I, the undersigned participant/guardian, if under eighteen, desiring to participate in the Goochland County Parks, Recreation & Facilities programs and all of the special activities, hereby release and agree to indemnify and save harmless Goochland County, the Recreation Department, their employees and any official of the special activity, from any and all claims of any nature or injury or loss that may result from such participation or preparation for such participation. I fully understand the procedures involved in the program and may result from such participation in this event. Further, I certify that the entrant is in good physical condition and capable of participating in the event. **Payment is due at the time of registration**

Signature: _____ **Date** _____

MEDIA RELEASE Goochland County Parks, Recreation & Facilities staff may take photographs and video recordings of the participants in Department-sponsored programs and activities and use such materials for recruitment and marketing purposes. If you consent to the Department's use of photographs and/or video recordings of you or your child in its recruitment and marketing efforts, please sign on the following line. Your consent is not required to participate in Department programs and activities.

Signature: _____ **Date** _____

	Participant First Name	Last Name	Birth Date	Grade	Gender	Program #	Program Title	Location	Fee
1									
2									
3									
4									