

ACTIVITY REGISTRATION FORM



275 Beasley Dr.
Versailles, KY 40383
www.vwcparksrec.com

Office: _____

PARTICIPANT INFO
Participant's Name: _____ Birth Date: _____ Age: _____ Grade: _____ Check: Male Female

PARTICIPATING ADULT, PARENT OR GUARDIAN CONTACT INFO:
Name: _____
Relationship to Child (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____
Email: _____

ADDITIONAL CONTACT: PARENT EMERGENCY CONTACT
Name: _____
Relationship to Child (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____
Email: _____

EMERGENCY MEDICAL INFORMATION
Insurance Company: _____
Hospital Preference: _____
Is participant allergic to any drugs? No Yes
If yes, please list: _____
Does participant have any other allergies? No Yes
If yes, please list: _____
Please list any other medical conditions or special needs the instructor or coach should be aware of: _____

PROGRAM INFO:
Program: _____
Session: _____
Level: _____
Day: _____
Time: _____

SHIRT SIZE:
 Youth X-Small (2-4)
 Youth Small (6-8)
 Youth Med (10-12)
 Youth Large (14-16)
 Youth XL (18-20)
 Adult Small
 Adult Medium
 Adult Large
 Adult X-Large
 Adult XX-Large

WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:

I. As a participant in this Versailles-Woodford Co. Parks & Recreation Program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participation in this program against Woodford County, the City of Versailles, the Versailles-Woodford Co. Parks & Recreation Department and it's officials (either elected or appointed), commissioners, officers, agents, employees and volunteers. I further agree to indemnify, hold harmless and defend Woodford County, the City of Versailles, Versailles-Woodford Co. Parks & Recreation and it's officials (either elected or appointed), commissioners, officers, agents, employees and volunteers from and against any and all claims, suits or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

II. I give my child/children permission to participate in this program and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the County of Woodford, the City of Versailles, the Versailles-Woodford Co. Parks & Recreation Department and it's officials (either elected or appointed), commissioners, officers, agents, employees and volunteers for damages and/or injuries which may arise from my child's participation in this program.

III. I, the undersigned, understand and acknowledge that participation in a recreational activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to falls, contact with other participants or equipment, effects of weather, equipment failure and condition of playing area. I fully understand that is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

IV. Having read this waiver and in consideration of acceptance of entry into this program, I and anyone entitled to act on my behalf waive and release Woodford County, City of Versailles, Versailles-Woodford Co. Parks & Recreation, it's co-sponsors, their representatives and successors from all and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

V. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to VWCRPD. If you have any questions concerning fees, please contact the department at 873-5948.) Refunds are not granted after a program meets one time (refunds are not granted in competitive sports league after teams have been drafted). In the case of injury or illness preventing participation of myself or my child, a pro-rated refund will be granted if a doctor's note is received within 10 business days of seeking treatment.

VI. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation activities and to use them in advertising and promotion, both in print and on the Department's website and social media outlets.

VII. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

By signing or typing my name below, I acknowledge that I have read and agree to the above Waiver of Liability and Terms of Participation.

Signature of Participant or Parent/Legal Guardian: _____ Date _____