Hanover County Parks & Recreation

Program Registration Form

WALK IN OR AFTER HOURS DROP BOX:
Taylor Complex Office
Pole Green Community Center

Submit completed form and payment via mail to
Hanover Co. Parks and Recreation
PO Box 2440
Mechanicsville, VA 23116

For Office Use Only:
staff:_____ date: _____
cash ○ check ○ credit

Adult Participant or Parent/Guardian Information
please print clearly

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (H): _____ (W): _____

Cell Phone: _____

Email Address: _____

Second Parent (if applicable)
please print clearly

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (H): _____ (W): _____ (C): _____

Emergency Contact _____
Name Phone Number

❑ I would like to receive occasional e-mail communications about Hanover County programs, services and events. By agreeing to receive the above e-mail communication, I understand my e-mail address WILL NOT be disclosed to any other organization, and I may unsubsribe to this service at any time.

Allergies/medical conditions/_____

special accommodations requested (please specify participant): _____

I, the undersigned participant/parent or guardian, if under eighteen, desire to participate in the Hanover County Parks and Recreation Department programs and all special events, hereby release and agree to indemnify and save harmless Hanover County, the Parks and Recreation Department, their employees, and any official of the special activity from any and all claims of any nature for injury or loss that may result in such participation or preparation for such participation. I hereby fully consent to allow Hanover County Parks and Recreation to use photographs taken during this program for publicity purposes. I hereby fully consent to emergency medical care rendered by competent personnel or hospitals, should such attention become necessary during the special events. Further, I certify that the entrant is in good physical condition and capable of participating in programs.

Participant or Parent/Guardian Signature: _____ **Date:** _____

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

Payment is required at the time of registration.

Method Of Payment

❑ Cash (Please bring correct change) ❑ Check (Make payable to Hanover County) ❑ Credit Card (Complete information below)

Please circle one: VISA MasterCard AMERICAN EXPRESS DISCOVER Credit Card Number : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date : ☐☐ / ☐☐

Is the cardholder name and billing address the same as above?
❑ yes ❑ no (if no, please attach info)

Cardholder Signature _____