

FROG FINDERS!



The Spotsylvania Sheriff's Office Division of Animal Control and Spotsylvania Parks & Recreation are teaming up to bring you a nighttime outdoor adventure! Meet us at Hunting Run Reservoir for a quick lesson in Environmental Science then head out into the great outdoors for a FROG FINDING expedition!!

Look, Listen and Feel the environment around you to learn what a reservoir is, how to know the signs of a thriving ecosystem and what species of animals live in the environment. Use what you learn to catch your favorite amphibian and talk to our local Wildlife Specialists about your findings!



You bring the flashlight and bug spray... we'll bring the nets and containers!!

Ages: 6-17 (each child must be accompanied by an adult 18 years or older)



Date: April 9, 2021 OR April 23, 2021 **Time:** 8:30-9:45pm **Location:** Hunting Run Reservoir
Fee: FREE

Each child needs to be pre-registered. There will be no registration accepted the day of the event. Space is limited to 15 children with an adult. Children will be accepted on a first come, first serve basis.

Registration begins: March 8, 2021 **Deadline to Register:** April 2, 2021 (or until events are full).

Event will be held rain or shine, unless weather conditions are determined to be unsafe. Cancellations will be announced on the cancellation line at 898-8546, on our Facebook page, and via SpotsyAlert.



Register in person at the Loriella Park Office: 10910 Leavells Rd. Fredericksburg, VA 22407, or by mail: Spotsylvania Parks and Recreation P.O. Box 28 Spotsylvania, VA 22553

Birth Certificate is required at registration if one is not already on file with the Department.

If you need to withdraw, please contact the Parks & Recreation Department immediately, so that we can open your space to another participant. For more information, contact (540) 507-PLAY (7529) or visit www.spotsylvania.va.us/parksandrec

****RECOMMENDATIONS:** Please wear closed toe shoes (tennis shoes or boots) that you don't mind getting muddy. We suggest wearing pants, as you may be walking in tall grass.**

Please Print Legible – One form must be filled out and signed by each participant or guardian if under the age of 18.

First _____ MI _____ Last _____ Boy _____ Girl _____

Complete Address _____

City _____ Zip _____

Email Address _____

Primary Phone _____ Secondary Phone _____

Is this a new address or phone number? _____

Age (where applicable) _____ Birth date _____

Birth Certificate is (circle one) on file enclosed
(a birth certificate must accompany this form if one is not already on file for ages 18 and under)

Medical Conditions, injuries, or allergies _____

Emergency Contact _____ Phone _____

ACTIVITY #/ ACTIVITY DATE: _____ 112101-21 APRIL 9, 2021 _____ 112101-22 APRIL 23, 2021

Release of Claims: (Parent or Guardian must sign for those under age 18): I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees, and the agents thereof, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a program does not constitute a proper withdrawal, and the participant will not receive a refund. **Spotsylvania Parks & Recreation may use photographs taken during this program for publicity purposes. If you do NOT consent to be photographed, **opt out here:** _____ (initials)

COVID-19 AGREEMENT (PLEASE READ CAREFULLY AND INITIAL): Activities will resume under guidance from the Commonwealth of Virginia and Spotsylvania County officials. Please note that classes, programs, facility rentals, special events and sports may be delayed, postponed, or cancelled if at any time new guidance is issued at the state or local level regarding the COVID-19 virus. _____ (primary guardian initials)

I understand that the above listed participant will not be able to participate if they are experiencing any of the following: cough, shortness of breath, fever or chills, sore throat, muscle aches, headache, or new loss of smell or taste. _____ (primary guardian initials)

Guardian Print Name: _____

Guardian Signature: _____

Date: _____

Checks Payable to "Treasurer, Spotsylvania County." (\$50.00 Fee On All Returned Checks)