

## 2021 Summer Camp Registration Form

Please Print Legible – One form must be filled out for each participant and for individual classes.

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.)

Shirt Size (circle): Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)  
(if applicable) Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult XL (46-48)

Medical Conditions, injuries, or allergies \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Camp/Activity Name \_\_\_\_\_ Camp/Activity Date(s) \_\_\_\_\_

Activity Number \_\_\_\_\_

Fee: \$ \_\_\_\_\_ (Add \$10.00 if registering after the stated deadline.) (\$50.00 Fee on all returned checks)

**2.75% NON-REFUNDABLE CONVENIENCE FEE CHARGED ON ALL CREDIT/DEBIT CARD TRANSACTIONS.**

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, and Spotsylvania County School authorities, 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 camp/program. I understand that if I withdraw from the camp/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 camp/program does not constitute a proper withdrawal, and the participant will not receive a refund.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

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

**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)

**\*\*Water jugs for participants will NOT be available. Please provide your own water bottle that is clearly marked with your name. Be sure to provide enough water to last you throughout the length of your activity.**