

GROW & GIGGLE

Learn. Play. Laugh. & GROW!

Join us for crafts, activities and fun geared for toddlers and preschool aged children!
(Adult must accompany child).

10am-11:30am Lee Hill Community Center
\$10 per child Ages 2-5

February 10: Valentine's Day! (Register January 3 — February 4)

March 10: St. Patrick's Day! (Register January 3 — March 4)

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.

Those wishing to withdrawal from a program must do so by contacting the Spotsylvania Parks & Recreation Department prior to the registration deadline. Individuals should follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. No refund will be issued without written notice.

All credit/debit transactions are subject to a 2.75% convenience fee. There is a \$50 service charge on all returned checks.
For more information, contact (540) 507-PLAY (7529) or visit www.spotsylvania.va.us/parksandrec

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 #:	473808-35	ACTIVITY DATE:	THURSDAY, FEBRUARY 10, 2022
_____ ACTIVITY #:	473808-36	ACTIVITY DATE:	THURSDAY, MARCH 10, 2022

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)