



The Spotsylvania Sheriff's Office and Spotsylvania Parks & Recreation are teaming up to bring you a morning of fishing fun!

Participants will be grouped with Officers from the Sheriff's Department to help with fishing knowledge, fishing skills, and some friendly competition. All supplies will be provided. Please bring water and apply sunscreen/bug spray at home.

**Ages:** 9—14 **Date:** June 17, 2022 **OR** July 15, 2022  
**Time:** 9am—noon **Location:** Ni River Reservoir **Fee:** FREE

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

**Registration begins:** April 11, 2022 **Deadline to Register:** June 10, 2022 (or until event is 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](http://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? \_\_\_\_\_ School \_\_\_\_\_

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)

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

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

**ACTIVITY # (CHECK ONE):** \_\_\_\_\_ **112101-30 (JUNE 17, 2022)** \_\_\_\_\_ **112101-31 (JULY 15, 2022)**

**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)

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.

Guardian Print Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_