

# 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-12pm Lee Hill Community Center  
\$10 per child Ages 2-5

**October 3rd:** Firetrucks, Police Cars & Ambulances...Oh My!!

(Register: August 12– September 27)

**November 14th:** Leaves are Falling, Autumn is Calling!

(Register: August 12– November 1)

**December 5th:** Visit from Santa!

(Register: August 12– November 26)

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 2.95% 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](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? \_\_\_\_\_

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 #:	473808-10	ACTIVITY DATE:	THURSDAY, OCTOBER 3, 2019
_____ ACTIVITY #:	473808-11	ACTIVITY DATE:	THURSDAY, NOVEMBER 14, 2019
_____ ACTIVITY #:	473808-12	ACTIVITY DATE:	THURSDAY, DECEMBER 5, 2019

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.

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

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

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

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