

MARTINSVILLE PARKS AND RECREATION

PROGRAM REGISTRATION

746 B Indian Trail, Martinsville, VA 24112 PHONE: 276-403-5140 OR 276-403-5379
fax: 276-403-5376

Program _____ Location _____

Participant Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Work Phone _____

Emergency Contact _____ Phone (_____) _____

Any Allergies (we must be aware of, e.g., peanut butter, shell fish, poison ivy)

Any medications currently taking _____

If participant is under the age of 18, please complete the following:

Date of Birth _____ School _____

Emergency Contact (other than parent) _____ Phone _____

Liability and assumption of risk agreement:

In order to participate in said program as parent or guardian for said participant, I assume the risk of any and all injuries to participate or by the participant. I hereby agree to indemnify and hold harmless the City of Martinsville Department of Parks and Recreation, its successors, assigns, and any and all injuries suffered or caused by said participant due to participation in said activity. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program and it is the responsibility of the parent or guardian to make sure this criteria is met. I grant my permission to transport said participant to and from said event when required and hold harmless those assigned to transport. I also agree to allow transportation of said participant to the nearest physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured said participant when deemed necessary. I grant my permission for my child to be photographed for promotional purposes by Martinsville Parks and Recreation.

Signed _____ Date _____
(Parent/guardian signature if participant IS under the age of 18)