

# Registration Form



Christiansburg Recreation Center

1600 North Franklin Street

Christiansburg, VA 24073

(540) 382-2349

[www.christiansburg.org/parksandrecreation](http://www.christiansburg.org/parksandrecreation)

This form is to be used for all programs, except for adult team sports and other noted programs. Fill out this form below place in dropbox or mail with payment.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_  Agree to Receive Text Messages  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Program Name: \_\_\_\_\_  
Program \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_

Program Name: \_\_\_\_\_  
Program \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_

Waiver: In order to participate in said program as parent or guardian for said participant, I assume the risk of any and all injuries to the participant or by the participant. I hereby agree to indemnify and hold harmless the Christiansburg Department of Parks and Recreation, its successors, assigns the Town of Christiansburg from any and all claims for any and all injuries suffered or caused by said participant in said program. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program and that it is the responsibility of parent or guardian to make sure these criteria are met. I grant 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 agreed to allow immediate first aid to the injured said participant when deemed necessary. As parent or guardian for said participant, I assume the responsibility for any and all medical expenses of the participant. I authorize photos and other materials which may bear likeness to be used for promotions and marketing.

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Signature of Parent, Guardian, or Adult Participant

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Date

**STREET ADDRESSES MUST BE INDICATED ON ALL REGISTRATION FORMS, THESE ADDRESSES WILL BE MONITORED**