HENRICO RECREATION & PARKS

Henrico County Recreation and Parks

PROGRAM REGISTRATION FORM

Inclusion Services Requests: Inclusion Services staff can provide activity modifications to any registration-based program, including (but not limited to) additional visual aids and verbal cues, custom supplies or equipment, facilities, and staff education. All program modification requests are reviewed on a case-by-case basis and require a minimum two-week notice before the start of the program.

Please designate requests for assistance or program modifications (due to a medical condition or disability) by selecting "YES" in the designated field below.

Participant's Name (First, M.I., Last)	Date of Birth	Program #	Inclusion Services Requested
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Are any of the participants listed above Henrico County residents? ❑ Yes ❑ No

Who is registering for the program(s)? ☐ Self ☐ Minor (Under 18 years of age)/Under the care of Organization?

Please provide the contact information below for Self.

If the participant is a minor or under the care of an organization, please provide contact information for the Head of Household, Legal Guardian, or Caregiver with Authority.

Contact Information

Street Address:_____

City:_____ State:_____ Zip Code:_____

Primary Phone:_____ Secondary Phone:_____

Email Address:_____

For Participants other than Self:

Head of House/Guardian/Caregiver Name (First & Last):_____ DOB:_____

Emergency Contact Information

Please list someone we may contact in the event of an emergency during the program.
911 or 'Self' are prohibited contacts.

Emergency Contact Name (First & Last):_____

Relationship to Participant:_____ Primary Phone:_____

Assumption of Liability: I understand that this program may involve strenuous physical activity and that risk of physical injury is inherent in this recreational activity. In consideration for participating in this program and recreational activity, I agree to assume the full risk of any injuries, including death, damage, or loss. I further understand that Henrico County, its officers, agents and employees are not liable for any injuries that may result from the negligence of persons conducting this recreational program. I understand that this agreement constitutes an assumption of risk and release for any injury, including death, damages, or loss. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators. Henrico County recommends that participants secure adequate medical insurance to cover any injuries that may arise from their activities. I have read this agreement and agree to the conditions stated above.

A signature from each participant or Parent/Legal Guardian/Caregiver with Authority is required below. If the participant is under 18 years of age, the parent or legal guardian must sign this release. By signing this form, the undersigned represents that s/he has authority to do so.

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

Any additional questions related to program modifications or inclusion services may be directed to: (804) 652-1413 or rec-inclusion@henrico.gov