REGISTRATION FORM

Lynchburg Parks & Recreation ▪ 301 Grove Street, Lynchburg VA 24501 ▪ 434-455-5858 ▪ FAX 434-528-2794
www.lynchburgva.gov/parksandrec

How did you hear about this activity?
☐ Activity Guide ☐ Website ☐ Email ☐ Facebook ☐ LTV ☐ TV ☐ Newsletter ☐ Newspaper ☐ Friend ☐ Other: _____

Participant's Name:

Date of Birth: _____ / _____ / _____
☐ Female ☐ Male

City of Lynchburg Resident? ☐ Yes ☐ No *Only participants living in the City of Lynchburg are eligible for Lynchburg Resident Rate (LR).*

Participant's Street Address (*REQUIRED*):
……
Street Address
……
City *State* *Zip*

Mailing Address (*IF DIFFERENT THAN STREET ADDRESS*):
……
Street Address or PO Box
……
City *State* *Zip*

Home Phone: Work: Cell:

Email: _

Emergency Contact: Relationship: Phone:

LIABILTY & 911 RELEASE

In consideration of the permission granted to me/my child by Lynchburg Parks & Recreation Department, I hereby release and save harmless the City of Lynchburg, its officers and employees from all actions, causes of action, damages and claims, or demands which I, my heirs, executors, administrators, or assigns may have against the City of Lynchburg, and/or other described parties for all personal injuries known or unknown incurred by participation in this/these activity(ies). In the event of a medical emergency, I authorize representatives of Lynchburg Parks & Recreation to contact EMS at 911, if I or my child is incapacitated. In the event I or my child requires medical treatment, I agree to be responsible for the cost of such treatment.

Sign Here → Signature of Participant or Parent/Legal Guardian (REQUIRED) : _____ Date: _____

PHOTO RELEASE

I grant the City of Lynchburg permission to use my/my child's likeness and name in any official communications materials. Materials may include but are not limited to news releases, publications, videos, billboards, television, and web use. I, the undersigned, have read this release and understand all its terms.

Sign Here → Signature of Participant or Parent/Legal Guardian: _____ Date: _____

ACTIVITY TITLE	ACTIVITY #	START DATE	FEE or LR FEE
			$
			$
			$

OFFICE USE ONLY
Receipt #: _____ Processed by: _____ Date: _____

Receipt Requested? ☐ Yes ☐ No

Total Due: $

METHOD OF PAYMENT

☐ Cash (*Do not send cash through the mail.*)
☐ Check (# _____)
☐ Money Order
☐ VISA ☐ MasterCard

Expiration Date: _____

CREDIT CARD AUTHORIZATION
Must be complete for all credit transactions.

Total Amount Charged: $ _____
Cardholder Name: _____
Cardholder Signature: _____

Name and Address of Person Paying for Activities (if different than participant):
……
Name *Street Address* *City* *State* *Zip*

REFUND POLICY

- *Refunds will only be* considered *if requested at least 10 business days prior to the start of the activity and may be subject to an administrative fee for incurred costs.*
- *No refunds (or partial refunds) will be issued to customers who fail to attend an activity/class.*