



Williamsburg Parks and Recreation Department

Registration & Release Form

Name of Registrant: _____

Date of Birth (if under 18): ____/____/____

Name of Parent (if student is under 18 years of age): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Please Check Residency: Williamsburg James City York Other

E-Mail Address: _____

Would you like for this email to be used to get specific information about athletic programs? Yes No

Would you like your email address added to the *Leisure Times* Quarterly Newsletter mailing list? Yes No

Release & Indemnity Clause

Must be signed in order to participate with Williamsburg Parks and Recreation Activity.

In consideration and as a condition of the above identified registrant's participation in program(s) identified herein, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program(s).

_____/_____/_____
Signature of Registrant / Parent or Guardian (if under 18 yrs of age) Date

Printed Name

Note to Parents: Please note that instructors are NOT responsible for students before or after scheduled times of programs.

Note to Registrant: It is the registrant's responsibility to provide updated information to Williamsburg Parks and Recreation.

Make Checks Payable: Williamsburg Recreation
202 Quarterpath Road, Williamsburg, VA 23185

Classes / Leagues / Camp / Clinic that you are participating in:

Activity _____	_____	Date(s) _____	Time(s) _____
Fee _____	Receipt Number _____	Initial _____	Date _____

Activity _____	_____	Date(s) _____	Time(s) _____
Fee _____	Receipt Number _____	Initial _____	Date _____

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Fee _____	Receipt Number _____	Initial _____	Date _____

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