



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 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).

Photo Release: By registering for any City of Williamsburg Parks & Recreation Department program, you agree to allow publication of any photos taken to be used in social media campaigns, brochures, newsletters or flyer.

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

Printed Name