www.pwcparks.org

Prince William County Park Authority Program Registration Form

Hellwig Admin Office	Ben Lomond Com Ctr	Chinn Aquatics & Fitness Ctr	Dale City Rec Center	Veterans Park Ctr 14300
14420 Bnstow Rd	10501 Copelend Or	13025 Chinn Park Dr	Minmeville Rd	14300 Featherstone Rd
Manassas, VA 20 1 1 2	Manassas, VA 20109	Woodbridge. VA 22 1 92	Dale City, VA 22 193	Woodbndge, VA 22 1 9 1
703-792-7060	703-361-7126	703-730-1051	703-670-7112	703-491-2183

1. Please Print

Parent/Legal Guardian Name (if applicant is under age 18)

Street Address City		State Zip
Home Phone	1) Adult Work # :	1) Adult Cell #:
E-mail:	2) Adult Work #:	2) Adult Cell #:
Emergency Contact:	Relationship:	Phone#:
Please identify any special needs that require accommodation:		

2. Class Registration

Participant's Name	*Gender M/F*	*Birth Date*	*Program Title*	*Location*	*Start Date*	*Time*	*Fee*
			1" Choice				
			2" Choice				
			1" Choice				
			T Choice*				
			I" Choice				
			2" Choice				
TOTAL PROGRAM FEES DUE:							

3. Payment Information: ***CASH:*** *CHECK #:* *Please make checks payable to PWCPA.*

A valid driver's license number and birth date are required for the signature on each check. A S25 fee is applicable on all returned checks. *CREDIT CARD:* *MasterCard* *Visa*

Account # _____ _____ ____ _____ *Expiration Date* *Amount of Payment $*_____

Card Holder Signature _____

A $5.00 Administrative fee is charged for all Cancellations, Transfers, & Refunds (camp fees vary).

4. Participation Agreement:

The Prince William County Park Authority assumes no liability for injures or damages from the results of participation Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning ability to participate All activities present inherent risks and hazards which the participant assumes 1 hereby approve of my/my child's participation in this Recreation Program. To the best' of my knowledge, there are no physical or other conditions which will interfere with my/my child's participation. I understand that the Park Authority may use photographs/videos taken of Recreation Programs. The Park Authority has my permission in an emergency to call Emergency 911 and/or send my child to a Hospital/Urgent Care Facility, and the Hospital and medical staff have my authorization to provide treatment which a Physician deems necessary for the well-being of my child The Park Authority will make every reasonable attempt to contact the parent or guardian

Participant/Parent/Legal Guardian Signature **Date**

STAFF CUT HERE AND PLEASE FORWARD TO THE PWCPA MARKETING DEPARTMENT

Would you like to get more information on classes, events, special promotions and coupons for park programs?

Sign up for Parklnfo, our automated e-mail service that sends you important information each month. Just fill out your e-mail address and circle your primary interest below We will do the rest.

E-MAIL ADDRESS:

Golf **Fitness** **Aquatics** **Sports** **Special Events**