



# Dinwiddie County Parks, Recreation, and Tourism Department - Registration Form

7301 B Boydton Plank Rd.  
 North Dinwiddie, VA 23803  
 Office (804) 732-1100  
 Fax (804) 732-9921  
 www.PLAYDinwiddie.com

Payments for programs must accompany forms or they will not be processed.  
 Personal Information on Registration form may be given to Instructors, Coaches, or Volunteers

Participant Name (First & Last)	Age	Date of Birth MM/DD/YY	Gender M/F	Program Title	T-Shirt Size	Fee

(For Youth Sports Only) Elementary School \_\_\_\_\_

**Fee Total**

**Payment Information:** Payer Name: Samoa Allen Payer Date of Birth: \_\_\_/\_\_\_/\_\_\_ Are you a Dinwiddie County Resident? YES NO  
 (\$10 Non-Resident Fee Applies if No)

Home Phone #: ( ) \_\_\_\_\_ Cell Phone#: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Are you interested in Coaching? YES NO if YES, NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**Returned Check Policy**

I authorize you, the merchant, to initiate an electronic debit to my account for the amount rendered on this check plus the legal limit returned check fee if the item is dishonored. The use of a check for payment is my acceptance of this.

**Method of Payment: Payable to Dinwiddie County Parks and Recreation**

- Cash (Do Not Mail)  Check or Money Order #: \_\_\_\_\_  
 Credit Card\* (On-line only) \*(Please see sliding scale for credit card convenience fees)

Emergency Contact: Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation: \_\_\_\_\_

Do you carry family medical / hospital insurance? YES NO Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Do any of the participants listed above have any medical conditions and /or concerns that our department should be aware of before participating in the program?**  
 (This should include, Food Allergies, Current Health Problems, Under Medical Care, Receiving Mental or Behavioral Services, Currently Taking Medication, Undergone Surgery, Allergies, or Any other concerns you are aware of) YES NO

IF YES, please list those conditions and concerns: \_\_\_\_\_  
 \_\_\_\_\_

If signing up for a fitness membership, use of the Edgehill Fitness Room, or participating in a drop in or demonstration fitness class. Please initial here to indicate you read and agree to comply with policies and procedures explained within the guide. \_\_\_\_\_

Enrollment is accepted on a first-come, first-served basis until the maximum number is reached or until the specific program registration deadline has passed.

**Media Release:** Dinwiddie County Government Departments periodically use electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and informational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to Dinwiddie County Government Departments and their designees to use such reproductions for informational and publicity purposes in perpetuity without further consideration from me. I understand that I will need to notify Dinwiddie County Parks and Recreation if any changes to my situation occur that will impact this media release permission.

\_\_\_\_\_  
Participant Signature OR Parent/Guardian if participant is under 18 years

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the Participant

**General Release of Liability and Assumption of Risk**

I agree to indemnify, defend and hold harmless, the county and their officers, agents, and employees from any claims, dangers, and actions of any kind or nature, whether at law or in equity, arising from my participation in the program for which I am registering myself and/or my dependents, provided that such liability is not attributable to the sole negligence of the County. I realize that my participation in this activity involves risk of injury, including but not limited to tendonitis, strains, bursitis, fractures, delayed muscle soreness, contusions, abrasions, serious eye damage, and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every individual injury risk. By signing this form I desire, consent, and voluntarily choose to take part in all such activities. Knowing the material risks and appreciating, knowing, and reasonable anticipating that other injuries and each is a possibility, I assume all the risks, normally incident to the nature of the activities and agree that the County or any of its officers, agents, and employees conduction such activities will not be responsible for any damages or injuries resulting to me. Furthermore, I acknowledge that I have been given a physician's permission to participate in physical activity or that I have decided to participate in physical activity without the approval of a physician. Also, I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and the County will not be responsible for any related expenses.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

( If the Participant is under 18 and unable to sign, then the parents signature will imply the parent ensures the participants understanding and compliance)

\_\_\_\_\_  
Parent/Guardian if participant is under 18 years

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the Participant

**Dinwiddie County Parks and Recreation Code of Ethics**

I will display good sportsmanship and remember that parks and recreation activities are supposed to be fun learning environment for myself, my child, and other participants.

I will refrain from using profanity while participating in Dinwiddie Parks and Recreation activities.

Parents and participants will refrain from the use of tobacco, alcohol, and/or illegal substance while participating in Dinwiddie Parks and Recreation activities

I will show a positive attitude towards coaches, parents, officials, staff, and other participants at all times.

Participants are expected to remain with their team and/or group at all times during events, they are to be picked up and dropped off on time.

Any guests of players or parents are to be held to the same standards as previously mentioned.

Violations of this code of ethics can result in but are not limited to, asking to leave an event, removal for the season, permanent dismissal from Dinwiddie Parks and Recreation Activities.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

( If the Participant is under 18 and unable to sign, then the parents signature will imply the parent ensures the participants understanding and compliance)

\_\_\_\_\_  
Parent/Guardian if participant is under 18 years

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the Participant

For Office Use

\_\_\_\_\_  
Staff Initial Complete Form