

KING GEORGE PARKS AND RECREATION P.O. BOX 71

KING GEORGE, VIRGINIA 22485

Telephone: 540-775-4386 Fax: 540-775-5255

## **ADULT REGISTRATION FORM**

Program:					
Participant's Name:					
Phone# Home ( )	Phone# Cell ( )				
Phone# Work ( )					
E-Mail:					
Mailing Address:					
EMERGENCY CONTACT INFO	DRMATION:				
NAME	RELATIO	RELATIONSHIP			
TELEPHONE # HOME	WORK	CELL			
MAKE CHECKS PAYAE	BLE TO: TREASURER, KING	G GEORGE COUNTY			
Please note: The King George Comedical coverage or insurance for must be provided by the participal I hereby agree not to hold King G King George County Schools, or tinjury as a result of my participate participate in this program.	r individual participants. All med ant. George County, Parks and Recreat the employees of each, responsible	tion Department, e in the case of accident or			
I have read and agree to abide wi	th the applicable program rules a	nd regulations.			
Name:	Date:				
For Office Use Only: Amount Pai	d: Check: Cash:	CC:			
Receipt #:	RecDesk:	Book:			