

Activity Registration Form



You can mail in this completed form to:
 Suffolk Parks and Recreation, P.O. Box 1858, Suffolk, VA 23439
 or drop it off at our administrative office:
 110 West Finney Avenue (3rd floor), Suffolk, VA 23439

Please Print and Fill Out Completely

Adult, Parent or Guardian _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 (Home) (Work) (Emergency) (Email Address)

Participant Information				Program Information		Location & Fee		
First	Last	DOB	M/F	Program Name	Program #	Site	Start Date	FEE
TOTAL								\$

CONSENT TO USE PHOTOGRAPHS: I understand that photographs may be taken of me and/or my child at any Parks and Recreation program or facility for publication in material used to promote department programs, classes, or events.

WAIVER FOR PARTICIPATION: In consideration of accepting this registration, I hereby, for myself, my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Suffolk and its representatives, successors and assigns, for any and all injuries suffered by me or my child at any activity by these named groups.

SIGNATURE (Parent or Guardian) _____ **DATE** _____

Make Check or Money Order payable to Ronald H. Williams, Treasurer (checks require two phone numbers)

Office Use Only		
Date Received _____	Receipt # _____	Staff Initials _____
Supervisor _____	Check/MO # _____	RecWare # _____