



Gloucester Parks, Recreation & Tourism

Star Program Registration Form

6467 Main Street Main Street Gloucester, VA 23061
804-693-2355



- Coaches and referees are all volunteers.
- Please send a water bottle to outdoor activities only.
- Please make sure your child wears cleats (outdoors) or tennis shoes (indoors).
- Shin guards are required for Soccer only. There will be exceptions.
- We want all children to participate. The program will be modified to include everyone. If you have concerns, call us and we will talk about how this program can work for your child.

Child's Information (please fill out completely)

Activity Number	Activity Name	Participant's Name			Sex	Birthdate	Age as of	Fee
		Last	First	Grade	M/F	Mo/Day/Yr	9/30/08	
								\$12
Does your child use a wheelchair_____ or braces_____?						Subtotal		
						\$5 Out of County Fee		
Does your child require close supervision at school? Yes No						Amount Paid		
						Balance		
Medical issues to be aware of (diabetes, asthma, seizures, medications, etc):								
Child's disabling condition:								
Child's strengths:								
Please describe any concerns or problems that your child might have:								

Please provide a description of your child's needs, to help us ensure a positive activity:

--

Parent Information

Parents Name:		First Name:	
Second Parents Name (optional):			
Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:		Cell Phone:
Emergency contact:			Phone:

Please note: Parks, Recreation and Tourism is unable to provide personal, one-to-one, supervision and specialized medical assistance, including but not limited to G-tube feeding. Aggressive behavior, to include, but not limited to: biting, hair pulling, head butting, hitting, kicking and scratching that endanger others may be cause for dismissal from the Star Program.

Assumption of Risk and Release: In agreeing to participate in the program, as an adult participant or as a parent or guardian of a participant, I and/or the participant do hereby affirm that the general health of the participant is good and that the participant is not adversely affected by exercise and that the participant is capable of performing an activity of this nature.

In consideration of participating in has activity, I and/or the participant do hereby assume all risk of any injury to the participant and will indemnify and hold harmless, from any and all liability, action, cause of actions, claims, and demands of every kind of nature whatsoever that I and/or the participant have or which arise of or in connection with my participation in this activity, the County of Gloucester, Virginia, the Gloucester County Board of Supervisors, the Gloucester County Department of Parks, Recreation, & Tourism, the Gloucester County School Board, and all their officers, agents, employees, staff, volunteers, and successors.

It is likewise assumed and agreed that the participant will wear the proper clothing and protective equipment during the activity and that it is the responsibility of the participant or parent or guardian to make sure the criteria is met. I grant permission to transport the participant to and from the event when required and hold harmless those assigned to transport. I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured participant when deemed necessary.

Parent/Guardian signature (if participant is under 18) Participant signature if over 18.	Date

I give permission to exchange information between Gloucester School System and Gloucester Parks, Recreation and Tourism that will benefit my child's participation in this activity.

Parent/Guardian signature (if participant is under 18) Participant signature if over 18.	Date