

# SHENANDOAH COUNTY PARKS & RECREATION

1. For mail-in, fax-in, or in-person registration, please use the form below. All fields should be completed and the release must be signed. Registrations will not be accepted if they are not accompanied by payment in full. **SCPR no longer accepts registrations via telephone.**
2. Accident insurance is not provided by Shenandoah County Parks & Recreation for any program participant. Participants (or a parent/guardian if participants are under 18) must sign the release below.
3. If you prefer to pay with a debit or credit card, fill out the charge authorization section completely. We accept MasterCard, Visa, and Discover. Return your form to us in person or via fax or regular mail. No over-the-phone credit card registrations will be accepted.
4. You may register as many as four family members, living at the same address, on one form. If you are registering someone from a different address you must use a separate form. Please copy this form as needed.
5. Shenandoah County Parks & Recreation programs require participants to adhere to reasonable rules of conduct and we reserve the right to remove any individual whose behavior violates program standards or creates an unsafe or intolerable atmosphere for other participants.
6. Participants must register before the start of all programs; **you are not considered registered for a program unless payment is made in full.** Shenandoah County Parks & Recreation programs have a minimum and maximum number of participants. Registration is accepted on a first-come, first paid basis until a program is full. Once a program is full, Shenandoah County Parks & Recreation may take names for a waiting list but does not guarantee anyone on a waiting list acceptance into a program. Shenandoah County Parks & Recreation reserves the right to cancel a program due to lack of enrollment. Enrollees will be promptly notified of any canceled programs.
7. Program/activity refunds will be given until a program begins, minus a 20% administrative charge. No refunds will be approved after the start of a program unless special circumstances warrant. All requests for refunds must be submitted on the Refund Request Form available at [www.scpri.info](http://www.scpri.info). Full refunds will be given if Shenandoah County Parks & Recreation cancels a class, program, trip, etc.
8. For bus trip programs, full refunds will be given up until the registration deadline posted for the event. After the registration deadline, refunds will not be given, but participants can resell their space on the trip. Due to the fact that the department must pre-purchase tickets and make a deposit for the bus, this refund policy is not flexible. If registration does not meet the minimum required for the bus trip the trip will be canceled and a full refund provided.
9. If a refund is provided, a participant has the choice to receive a refund check or to apply the credit to the household account to be used for a future program or trip, and there is no deadline in which to use your household credit. Please allow five-to-six weeks for processing.
10. A \$35 returned check fee is charged for all returned checks.
11. Scholarship forms are available for SCPR programs. For more information on the Punky Riley Scholarship Program, please call Parks & Recreation at 540-984-3030.
12. **Walk-In Registration:** The Parks & Recreation office is open Monday-Friday, 8:30 AM-12 PM and 1-5 PM. The office is located at the Edinburg School, 508 Piccadilly Street, Edinburg, VA 22824.
13. **Mail-In Registration:** Enclose your registration form and check made payable to SCPR or credit card information (including expiration date and signed authorization) and mail to: SCPR, 508 Piccadilly Street, Edinburg, VA 22824.
14. **SCPR no longer accepts registrations via telephone.**
15. **Inclement Weather:** If programs are canceled due to inclement weather, every attempt will be made to reschedule the program. If programs are held in the schools, the Parks & Recreation Department will follow the Shenandoah County School System cancellation policy and those activities will be canceled. The Parks & Recreation cancellation hotline can be reached by calling 540-984-3030, option #9.
16. **Print more registrations forms at [www.scpri.info](http://www.scpri.info).**
17. **Fax #: 540-984-8032.**

KEEP THIS PORTION FOR YOUR RECORDS.

**Updated 05/08**

## SCPR Registration Form

Mail or bring to: SCPR, 508 Piccadilly Street, Edinburg, VA 22824. Hours are 8:30 AM-12 PM and 1-5 PM (M-F).

Participant's Name	D.O.B	Age	Grade	Activity Name	Activity Code #	Shirt Size <small>(EX: youth L, adult S)</small>	Fee

<b>PARENT/GUARDIAN NAME(S) IF PARTICIPANT IS UNDER 18:</b>	<b>TOTAL FEES: \$</b>
	<b>HOME PHONE:</b>
	<b>WORK PHONE:</b>
<b>MAILING ADDRESS:</b>	<b>E-MAIL ADDRESS:</b>
	<b>EMERGENCY CONTACT:</b>
	<b>EMERGENCY CONTACT'S PHONE:</b>

**RELEASE:** I know that participating in the program named above is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the program above including - but not limited to - falls, contact with other participants, and the effects of the weather (including high heat and/or humidity,) all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release Shenandoah County Parks & Recreation, Shenandoah County, any and all partners, sponsors, officials, volunteers, instructors, coaches, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in the program above, even though that liability may rise out of negligence or carelessness on the part of the person(s) named in this waiver. I grant permission to all of the foregoing to use any photographs, motion picture, recordings, or any other record of me for any legitimate purpose. **IF PARTICIPANT IS UNDER 18:** This is to certify that I acknowledge and agree to the above for my son/daughter/ward, and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that Shenandoah County Parks & Recreation employees, volunteers, officials, instructors, and/or coaches have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned to use any photographs, motion pictures, recordings, or any other record of my child for any legitimate purpose.

SIGNATURE OF PARTICIPANT (IF 18+) **(REQUIRED)** \_\_\_\_\_ SIGNATURE OF PARENT (IF PARTICIPANT IS UNDER 18) **(REQUIRED)** \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

Mastercard  Visa  Discover EXP. DATE: \_\_\_/\_\_\_/\_\_\_ CARD #: \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Total to be Charged: \$** \_\_\_\_\_

**(REQUIRED)**

**FOR OFFICE USE ONLY**

Cash: \$      Credit: \$      Check: #      \$      Date Received:      Received By: