

Parent Project[®] Registration



Participant's Information

Name: _____

Address: _____

Phone: _____

Able to receive text messages? (please circle) Yes No

E-mail address: _____

Names and Ages of children: _____

Referred by: _____

Food allergies, pertinent chronic medical conditions, and/or special accommodations needed:

Emergency Contact (Must be local)

Name: _____

Phone (cell): _____

Phone (home) _____

Release

Having read this waiver, I, for myself and anyone entitled to act in my behalf, waive and release Rockbridge Area Community Services, any and all partners, sponsors, officials, volunteers, instructors, 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 pictures, recordings or any other record of me for any legitimate purpose.

Signature: _____

Date: _____

Return to: Annie LePere, Rockbridge Area Community Services, 241 Greenhouse Rd, Lexington VA 24450
elepere@racs.org 540-462-6641