

**Hot Dogs, Nachos, Chips,  
Candy & Drinks will be  
available for purchase.  
Children are responsible  
for any money they bring.**



Louisa County Parks, Recreation & Tourism

## JES 3rd - 5th Grade Dance

Friday Feb 23rd  
3:00 pm - 5:30 pm  
JES Cafeteria  
**\$3.00 per student**



Join us after school for an afternoon of socializing, dancing and games! Only kid-appropriate music will be played. Forms and money will be collected between 8:00-8:30 am by LCPRT Staff on Wednesday (2/21) and Thursday (2/22) in JES Cafeteria. After Thursday, forms **MUST** be brought to the LCPRT office. **The school will NOT collect any forms!**

Please indicate on form your child's teacher and who is picking up child from dance.  
The person picking up child **MUST SHOW ID**



### Program Registration Form

Enroll and Pay Now Online at [www.LCPRT.info](http://www.LCPRT.info)

Or Mail Completed Form with Payment to:  
Louisa County Parks, Recreation & Tourism  
P.O. Box 864, Louisa, VA 23093  
Phone: 540.967.4420 Fax: 540.967.4450

	Participant Name	Birth Date	Grade	Gender	Shirt Size	Program Title	Location	Fee
	First Last				Youth S M L Adult S M L XL			
1.					Youth S M L Adult S M L XL			
2.					Youth S M L Adult S M L XL			
3.					Youth S M L Adult S M L XL			
4.					Youth S M L Adult S M L XL			

Name of Person Picking Up Child: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**Participation Waiver:** The Louisa County Parks, Recreation & Tourism does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parent or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks, Recreation & Tourism Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/self to participate in this activity sponsored by Louisa County Parks, Recreation & Tourism. I will not hold Department Personnel, Instructors, School Personnel, or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/ am physically able to participate in this program.

**Participant or Parent/Guardian Signature:** \_\_\_\_\_

**Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Work or Cell): \_\_\_\_\_  
Email Address: \_\_\_\_\_

Louisa County Parks, Recreation & Tourism may use photographs taken during this program for publicity purposes. If you do NOT consent to be photographed, opt out here: \_\_\_\_\_ (initials)

Louisa County Parks, Recreation & Tourism will send email communication about Louisa County Programs, and WILL NOT disclose your email address to any other organization. If you do not consent to receive emails, opt out here: \_\_\_\_\_ (initials)

**Allergies/medical conditions/special accommodations:**

\_\_\_\_\_

**Where did you hear about this program?**

Leisure Times  Website  Facebook  
 other \_\_\_\_\_