

3 Easy ways to register

1. Send registrations by MAIL:

Mail a completed registration form, along with check or money order (no cash, please), to one of the following Fauquier County Parks & Recreation Department (FCPRD) offices:

C.M. Crockett Park
10066 Rogues Road
Midland, VA 22728

Marshall Community Center
4133-A Rectortown Road
Marshall, VA 20115-3215

Vint Hill Village Green
4235 Aiken Drive
Warrenton, VA 20187

Warrenton Community Center
430 E. Shirley Avenue
Warrenton, VA 20186

2. WALK-IN:

Register at FCPRD offices above - hours and phone numbers follow.

C.M. Crockett Park: Tue- Thur: 3:00–5:00p (540) 422-8870

Warrenton Community Center: Mon-Fri: 8:30a–5:00p (540) 422-8560

Marshall Community Center: Mon–Thur: 10:00a–8:00p;
Fri-Sat: 10:00a-5:00p; Sun: 1:00-5:00p (540) 422-8580

Vint Hill Village Green Community Center: Mon-Fri: 9:00a–10:00p;
Sat: 9:00a-6:00p; Sun 12:00-6:00p (540) 422-8890

Please note: No activity information or registration is handled at the FCPRD Administrative Office.

3. ONLINE:

Register online with credit card payment at <https://apm.activecommunities.com/FauquierParksandRec>, or visit the FCPRD homepage at recreation.fauquiercounty.gov and select Program Registration from the left navigation pane.

Registration Form

Participant # _____ Name (Last) _____ (First) _____

Birth Date ____/____/____/ Age _____ Grade completed _____ Work Phone (_____) _____
(18 & under only)

Sex: M F Home Phone (_____) Cell Phone (_____)

T-Shirt (circle one) **Youth: S M L XL** or **Adult: S M L XL** (not all activities include T-shirts)

If participant has any medical, behavioral or special needs, please describe:

See * (below)	Activity Name	Circle Region	Session #	Code #	Day(s)	Date(s)	Time(s)	Fee
		N S E C						
		N S E C						
		N S E C						
		N S E C						

* **Important:** If participant is returning to a continuing activity, place a check in the box to the left of the Activity Name.

TOTAL \$

ACKNOWLEDGEMENT OF RISKS/RELEASE OF CLAIMS FORM

In consideration of my participation in the activity provided by and through the Fauquier County Parks & Recreation Department, I hereby release the Fauquier County Parks & Recreation Board, the County of Fauquier, its Boards, agents, employees and volunteers from all actions, damages, claims or demands and all liability which might be incurred during the conduct of this activity. I further authorize Fauquier County employees to take and provide all necessary medical attention should I be injured while participating or being transported to or from, any Department sponsored activity and I hold said employees, the Fauquier County Parks & Recreation Board, the County of Fauquier, its Boards, agents, employees and volunteers harmless therefore. I have read the policies pertaining to cancellations, refunds, rules and regulations, as pertain to this activity. I acknowledge the risks and responsibilities involved in these activities. I assume the risks and responsibilities involved in these activities. I assume these risks realizing the capabilities of the persons participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. I understand that I may be photographed and/or recorded on video while participating in this activity. I agree to allow Fauquier County Parks & Recreation Department to use said photographs and/or videos in Department publications, media campaigns, educational and/or other safety purposes. I further waive any remuneration for publishing and/or printing such photographs of me. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

COVID-19/Protecting Participants Release and Indemnity: a. I agree that I and all other Participants and/or persons in my family involved in any way in the Program will fully comply with all federal, state, and county ordinances, codes, rules, regulations, executive and/or emergency orders, and to strictly follow the protocols as directed by the Centers for Disease Control and Prevention, the United States Department of Labor Division of Occupational Safety and/or the Virginia Department of Health, arising from, addressing, or related to COVID-19 and/or any other threats to public health. b. I agree that the releases, waivers and indemnities set forth apply equally to any and all claims, loss, cost, damage, and/or expense arising from or related to my or any Participant's, spectator's, or other person's failure to comply therewith or otherwise related to exposure during or in connection with the permitted event. c. I agree that effective physical distancing and proper hygiene can be only be accomplished through personal responsibility and it is each person's individual duty to protect themselves, their families and the community, and doing so is the sole responsibility of myself, Participant (if other than me), the other participants, and the other parties involved in the Program, not the responsibility of the County.

Signature of participant age 12 or older

Signature of parent/guardian (if participant under 18)

Date

Submit Registration Form with Check or Money Order payable to FCPRD.

Credit Card payments accepted online and at all Walk-In Locations.