

# Greene County Department of Parks and Recreation



## Roller Skating Trip

Students of

Greene PS, Nathanael Greene ES and Ruckersville ES

Friday, March 19, 2010

Leave: 2:10 p.m.

Return: 6:15 p.m.

Fee: \$12

Students of Greene Primary, Nathanael Greene Elementary and Ruckersville Elementary Schools are invited to travel to Harrisonburg's "Funky Skating Rink" for an afternoon of roller-skating fun. Transportation is provided by school bus. Fee includes admission, skate rental & transportation. Be sure to pack a snack or bring money for concessions.

### Parent Volunteers Welcome!

Parents who wish to come along will not be charged a fee; however, you will be asked to assist with the supervision of a small group of children.  
*Parents must pre-register.*

*For More GCPR Activities  
Visit The Greene County  
Parks and Recreation Website at  
[www.gcva.us/depts/rec/index.htm](http://www.gcva.us/depts/rec/index.htm)*

**Registration deadline is Friday March 5, 2010**

*This is a GCPR Activity, please RETURN REGISTRATION FORMS TO GCPR.*

GREENE COUNTY PARKS AND RECREATION  
P.O. Box 358 Stanardsville, VA 22973 434-985-5226  
PARTICIPANT REGISTRATION FORM



School Participant Attends \_\_\_\_\_  
Participant's Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Grade \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Start Date 03/19/10 Fee \$12

The Greene County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation 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/myself to participate in this activity sponsored by the Greene County Department of Parks and Recreation. 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/I am physically able to participate in this program.

\_\_\_\_\_  
Signature Parent/Guardian/Participant

\_\_\_\_\_  
Print Name—Parent/Guardian/Participant

\_\_\_\_\_  
Date