

Greene County Department of Parks and Recreation

Roller Skating Trip



Students of

Greene PS, Nathanael Greene ES and Ruckersville ES

Friday, September 24, 2010

Leave: 2:10 p.m.

Return: 6:00 p.m.

Fee: \$12

Students of Greene PS, Nathanael Greene ES and Ruckersville ES are invited to travel to Harrisonburg's "Funky Skating Rink" for an afternoon of roller-skating fun. Kids stay at school upon release and will be supervised by GCPR Staff. Transportation is provided by school bus to and from the rink. Parent volunteers are welcome and will be needed. 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*

Registration deadline is Thursday September 9, 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



Participant's Name _____ Teacher's Name _____
Home Phone _____ Alternate Phone _____ Grade _____
Mailing Address _____ City _____ Zip _____
Start Date 9/24/10 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