



Louisa County Parks & Recreation 14th Annual Mother-Son Dance

Saturday, February 4, 2012

7:00 p.m. – 9:00 p.m. at Betty Queen Center

\$12/couple & \$5 each additional person

Any registrations received after January 27th deadline will cost \$18 per couple (child and adult) and \$10 for each additional person.

PHOTOS: Doors will open at 6:30 p.m. for pictures. Professional photo packages available \$21 - includes 1 8x10, 1 5x7 and 4 wallets.

Sons must be 5-13 years of age.

Refreshments will be served.

Cash, check or credit card payment for photos must be made directly to photographer the night of the dance.



**Pre-registration is required.
Registration forms will be collected on
Wednesday, Jan. 25 & Thursday, Jan. 26
between 8:00 and 8:30 a.m.
at each elementary school.**

If this event is postponed due to bad weather, it will be made up on Saturday, February 25th.

PARTICIPANT REGISTRATION FORM

Mail this form to:

LOUISA COUNTY PARKS & RECREATION
P.O. Box 864\Louisiana, VA 23093 (540) 967-4420



MOTHER NAME: _____

HOME PHONE: _____

MAILING ADDRESS _____

CELL PHONE: _____

CITY _____ ZIP _____

SCHOOL: _____

Child Name		Male/ Female	Age	Program Name/Location	Start Date	Fee
First	Last					
				Mother-Son Dance	2/4/12	
				Additional Person	2/4/12	

The Louisa 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 Louisa 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