

Breakfast with the Easter Bunny

Share breakfast and a picture with the Easter Bunny, then "hop" outside for an Easter Egg Hunt!

AGES: 2-7 year olds

Each child must be accompanied by an adult. We will supply the baskets!

DATE: Saturday, April 4, 2020



TIME: 9:30 AM **BREAKFAST** 10:30 AM **EGG HUNT**

FEE: \$10.00 County Residents/ \$20.00 Non-County Residents

*One adult eats free. Each additional person \$5.00

\$20.00 for a Family of 4 County Residents

\$30.00 for a Family of 4 Non-County Residents

LOCATION: Marshall Center

IN CASE OF RAIN, THE EASTER EGG HUNT WILL MOVE INDOORS

REGISTRATION BEGINS: February 18, 2020 **DEADLINE TO REGISTER:** March 27, 2020

Register in person at the Loriella Park Office: 10910 Leavells Rd. Fredericksburg, VA 22407, or by mail:

Spotsylvania Parks and Recreation P.O. Box 28 Spotsylvania, VA 22553

Birth Certificate is required at registration if one is not already on file with the Department.

Those wishing to withdraw from a class must do so by contacting the Spotsylvania Parks & Recreation Department prior to the start of the class. Individuals should follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. No refund will be issued without written notice.

All credit/debit transactions are subject to a 2.7% convenience fee. There is a \$50 service charge on all returned checks.

For more information, contact (540) 507-PLAY (7529) or visit www.spotsylvania.va.us/parksandrec

Please Print Legible – One form must be filled out **and signed** by each participant or guardian if under the age of 18.

First _____ MI _____ Last _____ Boy _____ Girl _____

Complete Address _____

City _____ Zip _____

Email Address _____

Primary Phone _____ Secondary Phone _____

Is this a new address or phone number? _____

Age (where applicable) _____ Birth date _____

Birth Certificate is (circle one) on file enclosed
(a birth certificate must accompany this form if one is not already on file for ages 18 and under)

Medical Conditions, injuries, or allergies _____

Emergency Contact _____ Phone _____

ACTIVITY #: 234012-09

ACTIVITY DATE: APRIL 4, 2020

Release of Claims: (Parent or Guardian must sign for those under age 18): I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees, and the agents thereof, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a program does not constitute a proper withdrawal, and the participant will not receive a refund. **Spotsylvania Parks & Recreation may use photographs taken during this program for publicity purposes. If you do NOT consent to be photographed, **opt out here:** _____ (initials)

Guardian Print Name: _____

Guardian Signature: _____

Date: _____

Checks Payable to "Treasurer, Spotsylvania County." (\$50.00 Fee On All Returned Checks)