



**Program Registration Form:**

**Program/Sport:** \_\_\_\_\_

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth      Age      Grade      Gender

City      State      Zip

(1) Parent/Guardian Name (if under 18)      Date of Birth

Home Phone      Work Phone      Cell Phone

(2) Parent/Guardian Name (if under 18)      Date of Birth

Home Phone      Work Phone      Cell Phone

E-Mail \_\_\_\_\_

Emergency Contact / Relationship / Phone (other than Parent) \_\_\_\_\_

Residence: Town, County, Out of County      School

Doctor's Name / Number \_\_\_\_\_

YM(10-12)    YL(14-16)    AS    AM    AL    AXL  
 Shirt Size

Disabilities/Allergies/Special Circumstances \_\_\_\_\_

**ASSUMPTION OF RISK AND AGREEMENT TO PARTICIPATE:** I, being a participant who meets the eligibility requirements in the above stated activity sponsored by the Town of Wytheville Department of Parks and Recreation, am aware that playing or practicing to play can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of the sport or activity include, but are not limited to:

**death; serious injury to bones, muscles, ligaments, tendons and other aspects of the muscular skeletal system; injury or impairment to my body, general health and well-being; brain damage; injury to internal organs; injuries caused by the physical aspects of activity area; holes, fencing, backstops, walls, structures, etc.**

Because of the possible dangers and risks of participating in the above sport or program activity I recognize the importance of following Department policies and instructions from coaches, instructors and supervisors regarding playing techniques, training, team rules, etc. and do agree to obey such instructions. In spite of these dangers and risks, I freely consent to participate in the named program sponsored by the Town of Wytheville Department of Parks and Recreation.

**PARENTAL CONSENT.** As the parent/legal guardian of the participant, I give consent for his/her participation in the named sport or activity sponsored by the Town of Wytheville Department of Parks and Recreation. I have read the assumption of risk statement and fully understand the risks and dangers involved in the sport or activity. I understand that I will be held responsible for any and all damages to property and equipment owned by Town of Wytheville used by or issued to my child for participation in this sport or activity and I agree to compensate the Town of Wytheville in full if such damages occur.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE.** I am aware of the general condition and fitness required for the activity in which my child has chosen to participate. Any questions I have concerning the necessary condition have been answered fully. In the event he/she is rendered unable to communicate by an emergency or accident, I hereby give my permission to any physician or medical training emergency personnel to render appropriate medical care, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for him/her.

**CONDUCT POLICY.** The Town of Wytheville Department of Parks and Recreation is glad you have chosen to participate in our recreation program, offered and maintained to provide an enjoyable and wholesome recreation experience for you and all other participants. We hope you will be provided an opportunity to receive, exercise, and increase your skill level, but most of all, to have fun! To assure that you receive the most from this recreational experience, we ask that you and each participant comply with the general rules and regulations which cover behavior and property damage. Each staff member and volunteer working for the Department will have the authority to enforce these rules and regulations. Any person(s) found in violation of the rules and regulations will have disciplinary actions administered accordingly. Any person(s) endangering the safety of participants, spectators, volunteers or staff will be immediately removed from the activity. Thanks for our help in making this a wholesome experience for everyone.

**PHOTO AUTHORIZATION.** I hereby give permission for myself/my child to be photographed while participating in Department activities/programs, and I give this Department permission to use or distribute such photo and identification. I understand this consent complies with Section 8.01-40 of the Code of Virginia.    **YES    NO    YES is assumed if nothing is marked**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (if Participant is under 18)