



SPORTS REGISTRATION FORM
WYTHE COUNTY PARKS AND RECREATION
340 SOUTH SIXTH STREET
WYTHEVILLE, VIRGINIA 24382
TELEPHONE (276) 223-4517
FAX (276) 223-4515

Return Form and Payment to Booster Club

NAME OF SPORT REGISTERING FOR: _____

School Attending: _____
 Current Year: _____ Grade: _____ Age: _____ Gender (CIRCLE ONE): Male / Female
 Participant Full Name: _____ Date of Birth: _____
 Address: _____ Home Phone #: _____
 City _____ State: _____ Zip Code: _____
 Parent / Legal Guardian: _____ Work Phone #: _____
 Allergies or Special Circumstances: _____
 Emergency Contact: _____ Phone: _____
 Physician: _____ Phone: _____

Shirt Size: YXS YS YM YL XS S M L XL XXL XXXL

Pant Size: YS YM YL YXL XS S M L XL XXL

Assumption of risk and agreement to participate/parental consent:

I, being a participant or parent giving consent, am aware that playing or practicing to play, can be a dangerous activity, involving many **RISKS OF INJURY**. In consideration for the opportunity to participate, fully recognizing that such an undertaking involves an element of risk, participants and parents assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless, Wythe County, its Parks and Recreation Department, the Parks and Recreation Commission, employees, officers and chaperones, leaders, organizers and sponsors.

The Wythe County Parks and Recreation Department and Parks and Recreation Commission nor any of the said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. In the event he or she is unable to communicate from an accident, I hereby give permission that my child may be given emergency treatment by a physician or emergency personnel, to render appropriate medical care, to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for him or her.

Conduct Policy: Any person or persons showing improper conduct during an activity sponsored by the Wythe County Parks and Recreation Department or Youth Booster Club may be asked to leave the program. Parents will be notified immediately of the circumstances regarding their dismissal. Any person or persons acting in a way that endangers the safety of participants, volunteers, or staff members will be immediately removed from the activity.

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.

Parent/Legal Guardian signature: _____ Date: _____

Paid by check number: _____ Cash _____ Receipt number: _____

Staff member signature: _____ Date: _____

****Please contact WCPR if special accommodations are needed for your child to participate****

OFFICE USE ONLY: _____ CHECK # _____ CASH _____ RECEIPT _____ STAFF RECEIVED PAYMENT _____
_____ SCHOLARSHIP NEEDED

FEES: \$ _____ for ALL SPORTS 1 child=\$ _____ 2 children=\$ _____ 3 children=\$ _____ 4 children=\$ _____