



Wythe Co. Parks and Recreation

Disc Golf Tournament Registration Form

340 South Sixth Street, Wytheville, VA 24382

Phone: 276-223-4517 Fax: 276-223-4515

Circle Division You will be playing in: Juniors under 16 Women
Intermediate Advanced

Participant Name _____ Age ____ Email _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Work Phone _____

Emergency Contact _____ Phone (____) _____

If participant is under the age of 18, please complete the following:

Date of Birth _____ School _____

Liability and assumption of risk agreement:

In order to participate in said program as parent or guardian for said participant, I assume the risk of any and all injuries to participant or by the participant. I hereby agree to indemnify and hold harmless the Wythe County Parks and Recreation, its successors, and assigns from any and all claims for any and all injuries suffered or caused by said participant due to participation in said activity. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program and that it is the responsibility of the parent or guardian to make sure this criteria is met. I grant my permission to transport said participant to and from said event when required and hold harmless those assigned to transport. I also agree to allow transportation of said participant to the nearest physician or hospital for medical treatment, and agree to allow for immediate first aid to the injured said participant when deemed necessary. I grant my permission for my child to be photographed for promotional purposes by Wythe Co. Parks and Recreation.

Signed _____ Date _____

(Parent/guardian signature if participant IS under the age of 18)

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Office Use

Pd. _____ Staff Initials _____