



# Grayson County Parks & Recreation Department

## 3rd -8<sup>th</sup> Grade Basketball/Cheerleading Registration Form

Mailing Address: P.O. Box 742, Independence, VA 24348  
OFFICE: 276-773-3841 FAX: 276-773-3844



**Registration Deadline – December 7<sup>th</sup>**

**Practice may start as early as December 28<sup>th</sup>. Games will start January 9<sup>th</sup>.**

Registration Fee: \$25

Late Fee \$30.00

Registration Fees are NON-Refundable

Child's Complete Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_

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E-Mail Address: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Child's T-Shirt Size: YXS YS YM YL AS AM AL AXL

Circle Grade: 3 4 5 6 7 8

Circle One: Basketball Cheerleading

Will parent be interested in coaching for one of our teams? Yes: \_\_\_\_ No: \_\_\_\_

Any allergies, special concerns, medical conditions, etc. \_\_\_\_\_

### Authorization and Release

**PHOTO AUTHORIZATION:** I, hereby, give permission for myself/my child to be photographed while participation in department activities/programs, and I give the 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

**WAIVER:** In order to participate in said program, as parent or guardian, for the said participant, I understand there is a risk of physical injury or death to the participants of this program. I assume the risk of any and all injuries to the participant. I agree to indemnify and hold harmless the Grayson County Parks and Recreation Department and its successors and assign from any and all claims for any and all injuries suffered or caused by said participant due to participation in activity. It is likewise the participant's responsibility to wear proper clothing and protective equipment during said program and is the responsibility of the parent/guardian to make sure the criteria is met. I understand and agree, as the parent or guardian, to allow transportation of said participant to the nearest physician or hospital for emergency medical treatment and to allow for immediate first-aid to the injured participant when deemed necessary. I certify that I (or my child) am in proper condition to participate in this activity.

**CONDUCT CODE:** The Grayson County Parks and Recreation's philosophy is for all children to have the opportunity to participate in youth sports within a fun and safe environment. All games and practices are designed for the children's enjoyment. Any person, whether a coach or a parent, who disrupts games and practices by using obscene language or direct derogatory remarks towards staff, coaches, officials or players during or after games or practices will be removed from the field or gym. Make it known that removal will be by recreation supervisors or police by whatever means necessary. Also, the recreation department has the right to restrict an individual from attending future games or from any recreation department sponsored activity. The recreation director will make all decisions regarding actions taken against individuals who are involved in disruptive situations.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

MAIL FORMS TO: OR Drop Off at: Recreation Office  
Grayson Rec Park 85 County Park Lane  
C/o Registration Independence, VA 24348  
PO BOX 742  
Independence, VA 24348

**DO NOT TURN IN AT SCHOOL**

### Office Use Only:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/CH#: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Received by: \_\_\_\_\_