## Grayson County Parks & Recreation T-Ball/Coaches Pitch/Baseball/Softball Registration Form

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

Registration: Feb. 7 – Mar. 18, 2022

Registration Fee: \$30.00

Complete Name:				Candar (M/F):		
Complete Name.	First	Middle	Last	Geliaei (141/1-7.		
Address:		City:		State:	Zip:	
Birth Date (MM/DD/YY	):Age: _	School: _		_ Grade:		
Parent/Legal Guardian: _			Cell Phone :(	_)		
Parent/Legal Guardian: _			Cell Phone :(	_)		
E-Mail Address:			Home: ()			
Any allergies, special concerns, medical conditions, etc  Parent interested in coaching?  *All Grayson County Parks and Recreation Employees and Volunteers over the age of 18 would be required to submit to and pass background screening prior to participating. *						
T-Shirt Size (Please circle one): YS YM YL AS AM AL AXL						
Please circle the appropr	-	(67 11/2)				
T-Ball (4-5 y/o) Baseball: 3 <sup>rd</sup> -5 <sup>th</sup> Grade						
Softball: 3 <sup>rd</sup> -5 <sup>th</sup> Grade		•	o prior to July 15) o prior to July 15)			
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. (Circle One) 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.						
MAIL FORMS TO: OR Grayson Rec Park C/o Registration PO BOX 742 Independence, VA 24348	Drop Off at: Recreation Office 85 County Park Lane	Pa	rent/Legal Guardian Sigr		Date IN AT SCHOOL	
Office Use Only:  Date:  CODE OF ETHICS: Parent	Amount: (	-	_	_		