

Grayson County Parks & Recreation Department

2015 Fall Registration Form

Mailing Address: P.O. Box 742, Independence, VA 24348

OFFICE: 276-773-3841 FAX: 276-773-3844

Office Use Only:
Date: _____
Amount: _____
Cash/CH#: _____
Received by: _____

Registration Deadline – August 21st

Registration Fee: \$25.00 **Late Fee \$30.00** **Registration Fees are NON-Refundable**

Child's Complete Name: _____	Gender (M/F): _____
<i>(As is on Birth Certificate)</i>	First Middle Last
Address: _____	City: _____ State: _____ Zip: _____
Birth Date (MM/DD/YY): _____	Age: _____ School: _____
Parent/Legal Guardian: _____	Cell Phone :(____) _____
Parent/Legal Guardian: _____	Cell Phone :(____) _____
E-Mail Address: _____	Home: (____) _____

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

Circle One:

K – 1 st Flag Football	4 th – 5 th Tackle Football	PreK – 1 st Soccer	2 nd – 3 rd Soccer
2 nd – 3 rd Tackle Football	6 th – 7 th Tackle Football	4 th – 7 th Soccer	8 th – 12 th Soccer
K – 1 st Cheerleading	4 th – 5 th Cheerleading	4 th – 6 th Volleyball	
2 nd – 3 rd Cheerleading	6 th – 7 th Cheerleading		

Any allergies, special concerns, medical conditions, etc. _____

Are you interested in Coaching? _____

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