



Sports Roster Form Pickleball

The following information must be submitted to Parks and Recreation prior to participation in the Pickleball Program. York County Parks and Recreation will use the information provided on this page for verification of eligibility and emergency notification purposes only. The information will be kept on file for the duration of the program. **IF REGISTERING WITHOUT A TEAM WRITE "SINGLE" IN THE TEAM NAME BOX BELOW**

Team Name:			
Player Name (Last, First, MI):			
Age:		DOB:	/ /
Address:			
Phone Number:			
Email Address:			
Emergency Contact Name:			
Emergency Contact Number:			
Payment Amount and Method:			

Important: Read the following carefully before signing below. As a registered participant OR a parent or legal guardian of a registered participant in any activity sponsored by York County Parks and Recreation, I acknowledge and consent to the program policies listed here as indicated by my signature below:

a. Acknowledgement and Assumption of all Inherent Risk: I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I and/or the listed dependent(s) registered here may sustain as a result of, or in any way connected with participating in any and all registered activities on this Registration Form.

b. Indemnity: I hereby do fully release, absolve, indemnify, and hold harmless the County of York, Virginia, its Officers, Agents, Employees and Volunteers from and against any, and all, liability which I and/or a listed dependent on this Form may suffer as well as from any claims from injury, including death, damages or loss which I and/or any registered dependent(s) on this Form may have or incur as a registered participant in an activity sponsored by York County Parks and Recreation.

c. Medical Care: I authorize the County of York, Virginia, its Officers, Agents, Employees and Volunteers, at any such person's discretion to administer emergency first aid treatment and at my expense to obtain the services of a physician(s) and or rescue squad and authorize the same to effect such treatment of the registrant(s) as they deem advisable. I also assume responsibility for carrying appropriate medical plans including hospitalization.

d. Authorized Media Release: I understand that the registered individual(s) on this Form may be photographed and/or videotaped for promotional purposes and give my permission for these photos to be used in public media and official York County publicity (including York government's cable channels, government internet Web sites, publications, displays, and presentations).

I have read the Rules and Regulations (by-laws) set forth and agree to abide by them and all other decisions made by the Division of Parks and Recreation regarding this league; I understand **alcohol is NOT to be consumed on school or park grounds** and I realize there is **NO Smoking while on the tennis courts.** **Violation of either alcohol or no smoking rules will result in player ejection from game(s) and possible suspension for the remainder of the pickleball season.**

SIGNATURE: _____

DATE: _____

**YORK COUNTY PARKS and RECREATION
PICKLEBALL TEAM ROSTER**

Team Name:			
Captain:			
Address:			
City, State, Zip			
Home Phone:		Cell Phone:	
E-mail Address:			
Assistant Captain:			
Home Phone:		Cell Phone:	
E-mail Address:			

Name	York Co. Resident	Roster Form Completed	Captains Initials
1.	Yes No	Yes No	
2.	Yes No	Yes No	
3.	Yes No	Yes No	
4.	Yes No	Yes No	

I, the below signed, certify the following: 1) the information provided by the members of our team is accurate to the best of my knowledge 2) I will communicate information, schedules, policies, rules and regulations to the members of my team, 3) I will only play eligible players 4) and I understand that failure of my team to abide by the rules and regulations may result in suspension of our team from the program.

Signature: _____ Date: _____