Print Form

PRT
PARKS, RECREATION & TOURISM
York County VIRGINIA

STANDARD REGISTRATION FORM

ONE FORM PER PERSON - PLEASE PRINT
THIS FORM MAY BE DUPLICATED

Participant Name: _____ ❑ Resident ❑ Non-Resident

Gender: ❑M ❑F Grade: _____ Age: _____ Date of Birth: _____

Parent/Guardian: (if under 18) _____

Address: _____

City/State/Zip: _____

Home: # _____ Work: # _____ Cell: # _____

Emergency Contact Name: _____ Emerg. Contact: # _____

Email: _____

Does the above participant have any special conditions that the Division of Parks and Recreation should be aware of? _____

ACTIVITY #	CLASS TITLE	DAY/TIME	FEE

REGISTRATION POLICIES & CONSENT (SIGNATURE REQUIRED)

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, Recreation & Tourism, I acknowledge and consent to the program policies listed here as indicated by my signature below:

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.

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, Recreation and Tourism.

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.

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 (print and online newspapers, television and radio broadcast, etc.) and official York County publicity (including York County Government and School cable channels, internet Web sites, press releases, social media postings, YouTube, publications, fliers, displays, and presentations).

X _____ _____
SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN DATE

YOUTH ATHLETICS ONLY (Please fill out for youth soccer or basketball)

School: _____ Height: (basketball only) _____

Has student ever repeated a grade? ❑ yes ❑ no

If not enough girls sign up for Girls Only soccer, I will play Coed: ❑ yes ❑ no
If "no" a refund will be issued.

EXPERIENCE
- ❑ Recreation
- ❑ School
- ❑ Select/AAU

T-SHIRT SIZE
- ❑ Youth MED
- ❑ Youth LRG
- ❑ Adult SM
- ❑ Adult MED
- ❑ Adult LRG
- ❑ Adult XLRG

HELP
- ❑ Coach
- ❑ Asst. Coach

TENNIS PROGRAMS ONLY

Do you need a racket? ❑ yes ❑ no