

RADFORD PARKS AND RECREATION DEPARTMENT
200 GEORGE STREET, RADFORD, VA 24141
Phone: (540) 731-3633 Fax: (540) 731-3634

YOUTH REGISTRATION



SPORT _____

YEAR (S) PLAYED _____

NAME _____ M F BIRTHDATE ____/____/____
LAST FIRST MIDDLE MM DD YY

STREET ADDRESS _____
STREET CITY STATE ZIP CODE

EMAIL ADDRESS _____



HOME PHONE: (____) _____ WORK PHONE: (____) _____

AGE _____ WEIGHT _____ GRADE _____ SCHOOL _____

FAMILY PHYSICIAN _____ PHONE: (____) _____
NAME AND LOCATION

CHILD'S SHIRT SIZE: ____ 10-12 ____ 14-16 ____ ADULT SMALL ____ ADULT MEDIUM ____ ADULT LARGE ____ ADULT XLARGE
PLEASE BE ACCURATE AND ORDER A SIZE LARGER THAN NORMAL! SHIRTS WILL BE ORDERED EXACTLY ACCORDING TO SIZE MARKED!!

Would you be interested in coaching a team? ____ Yes ____ No Name(s) _____

Would you be interested in assisting a coach? ____ Yes ____ No Name (s) _____

Would you be interested in providing a scholarship for a child? ____ Yes ____ No Amount of scholarship? _____

I, the parent/guardian of _____ (child's name), request that they be accepted for participation in the above activity. I assume responsibility for any accident or injury while my child is participating in the above activity and do hereby release and absolve the Radford Parks and Recreation Department its supervisors, sponsors and volunteers for any and all claims for such an accident or injury. I hereby waive the right to hold the Radford Parks and Recreation Department responsible for any accident or injury that may occur while above named is participating in this activity.

I, the parent/guardian, state that this child: (please check one)

____ Has been given a physical examination by Dr. _____ on _____ (date) and has been found able to participate.

____ Has not been given a physical examination, but I the parent/guardian of the above named youth state that he/she is physically able to participate and has no pre-existing condition which could result in injury or sickness.

Further, I the parent/guardian, give my consent to allow a doctor or dentist to administer emergency treatment to my child if needed. **The Radford Recreation Commission takes a serious approach to concussions in youth sports. I agree that, in the event, my child suffers a potential concussion; I will provide a medical release from a physician before they are allowed to return to participate in a practice or game.**

Parent/Guardian Signature _____

Date _____

TEAM SPONSORSHIPS ARE AVAILABLE:

\$100 – YOUTH SOFTBALL, BASEBALL, SOCCER, TEE-BALL

\$200 – YOUTH FOOTBALL (IF INTERESTED, PLEASE CONTACT THE RECREATION DEPARTMENT)

(My signature indicates that I have read and will abide by the Parents Code of Ethics Pledge on the back of this form.)

Additional comments concerning your child's participation

