



RECREATION SPORTS CONTRACT AND WAIVER

Child's Birth Name _____ Nick Name _____

Parents/Guardians _____

Address _____

Zip Code _____

City Resident _____ County Resident _____

Telephone (H) _____ (W) _____ (Cell) _____

Emergency Telephone _____ Emergency Contact Person _____

Date of Birth _____ Age _____ Male Female

Birth Certificate # _____ School _____

Did your child play last season? Y / N Coach? _____

I am willing to be a/an:

___ COACH ___ ASSIST. COACH ___ TEAM PARENT (help organize snacks, etc.)

****Email address(s) to contact coaches and assistant coaches**

REGULATIONS:

To be eligible to play recreation sports, a participant and his/her parent or guardian must completely fill out and properly sign this form attesting that the participant is physically fit for athletic competition and that the parent or guardian consents to such participation. A physical medical examination, while not compulsory, is highly recommended prior to participating in any department sponsored recreation sport program. Accident insurance is recommended for all participants in any department sponsored recreation sport program and it is the responsibility of the parent/guardian to provide such insurance.

PARTICIPATION CONTRACT:

We hereby verify that the above information is true and correct, and that (participant's name) _____ is physically fit for athletic competition. We understand that any false information will result in the loss of center privileges and immediate suspension from the recreation sport noted below for the remainder of the season. The participant agrees to comply with the rules and regulations for the recreation sport, recreation facilities and activities as established by the Department of Recreation and Parks.

PARENTAL CONSENT AND WAIVER:

I hereby consent to and approve of the above named child participating in the sport of _____. I understand the risks associated with participating in this sport and hereby waive, for myself and the above named child, any and all claims, demands and right of action against the City of Richmond, City employees, coaches and officials of the league for any injury or accident which may occur to the said child as a result of participating in this sport.

*Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

FEE PAID _____ CHECK # _____ STAFF INITIAL _____ RCPT. # _____

SHIRT SIZE: (Y) SMALL _____ MEDIUM _____ LARGE _____

(A) SMALL _____ MEDIUM _____ LARGE _____