



**WYTHE COUNTY PARKS AND RECREATION DEPARTMENT
340 SOUTH SIXTH STREET
WYTHEVILLE, VIRGINIA 24382
TELEPHONE (276) 223-6022
FAX (276) 223-6030**

Circle the appropriate sport: Baseball, Basketball, Cheerleading, Coaches Pitch, Football, Soccer, Softball, Sports Camp, Summer Program, T-ball, Other _____

Current Year: _____ Grade: _____ Age: _____ Gender: Male/Female

Participant Full Name: _____ Date of Birth: _____
 Address: _____ Home Phone #: _____
 City _____ State: _____ Zip Code: _____
 Parent / Legal Guardian: _____ Work Phone #: _____
 Allergies or Special Circumstances: _____
 Emergency Contact: _____ Phone: _____
 Physician: _____ Phone: _____

Shirt Size: YS YM YL AS AM AL AXL AXXL AXXXL
 Pant Size: YS YM YL YXL AS AM AL AXL AXXL

Assumption of risk and agreement to participate/parental consent:

I, being a participant or parent giving consent, am aware that playing or practicing to play, can be a dangerous activity, involving many **RISKS OF INJURY**. In consideration for the opportunity to participate, fully recognizing that such an undertaking involves an element of risk, participants and parents assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless, Wythe County, its Parks and Recreation Department, the Parks and Recreation Commission, employees, officers and chaperones, leaders, organizers and sponsors.

The Wythe County Parks and Recreation Department and Parks and Recreation Commission nor any of the said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of this activity. In the event he or she is unable to communicate from an accident, I hereby give permission that my child may be given emergency treatment by a physician or _____ emergency personnel, to render appropriate medical care, to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for him or her.

Conduct Policy: Any person or persons showing improper conduct during an activity sponsored by the Wythe County Parks and Recreation Department or Youth Booster Club may be asked to leave the program. Parents will be notified immediately of the circumstances regarding their dismissal. Any person or persons acting in a way that endangers the safety of participants, volunteers, or staff members will be immediately removed from the activity.

Parent/Legal Guardian signature: _____ Date: _____
 Paid by check number: _____ Cash _____ Receipt number: _____
 Staff member signature: _____ Date: _____

Contact the department if special accommodations are necessary