

**PULASKI COUNTY RECREATION
YOUTH ACTIVITY REGISTRATION FORM**

Full name (First, Middle, Last): _____

Activity Fee: \$20.00 (2nd Child \$15.00, 3rd Child \$10.00, 4th Child \$5.00) Checks Made Payable to: County of Pulaski

(Office use only:) Amount Paid: Check amount and #: _____ Cash: _____

Home Phone #: _____ **Birthdate:** _____ **Age:** _____

School: _____ **Grade:** _____ **Male:** _____ **Female:** _____

Activity _____

Parent/Guardian Name: _____ **Email:** _____

Address: _____ **Work Phone #:** _____

Medical & Other Concerns: _____

Medical Insurance Carrier: _____ **Employer:** _____

Family Physician: _____ **Physician Phone #:** _____

Comments: _____

WAIVER FOR PARTICIPATION BY PARENT

I hereby certify that the above information is true, that I am the parent or legal guardian of the above child, and that I approve of his/her participation in the above activity. I agree that coaches or league officials may transport my child. I agree that in the event of serious injury that my child has my permission for coaches and/or league officials to seek medical treatment.

Also, in consideration of your accepting my child's entry, we the parent and the participant waive and release any claims for damages we may have against any entity, including, but not limited to the County of Pulaski, Virginia, or the Pulaski County School Board and their designees or helpers for any injuries suffered by me or my child at any activity sponsored by such agency.

I agree to adhere to league rules and guidelines as outlined by the above program and my child agrees to adhere to league rules and guidelines as outlined by the above program.

I give permission to allow my child's picture to be taken by recreation staff and/or media for newspaper articles and usage on the Pulaski County Recreation website: YES _____ NO _____

Parent or Legal Guardian Signature: _____ Date: _____

*Please indicate below if you are interested in VOLUNTEERING as a head or assistant coaching position.
(All coaches must pass a criminal background check.)*

COACH: _____ **Email (optional):** _____

ASSISTANT COACH: _____ **Email (optional):** _____