

**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)

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

Home Phone #: _____ Birthdate: _____ Age: _____

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

Sport/Activity Participating In: _____

Parent/Guardian Name: _____

Address: _____

Employer: _____ Work Phone #: _____

Medical Insurance Carrier: _____

Family Physician: _____ Physician Phone #: _____

Medical & Other Concerns: _____

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 Town of Pulaski, Town of Dublin, and the County of Pulaski, Virginia, or the Pulaski County School Board or their Recreation or sports Departments or Recreation Commissions, 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 by his/her signature, 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: _____

Participants Signature: _____ Date: _____

***Please indicate below if you are interested in VOLUNTEERING
as a head or assistant coach position.***

COACH: _____

ASSISTANT COACH: _____

(Note: All coaches are required to fill out a coach's background check application form before performing volunteer duties.)

