

SCRD 2017 Youth Volleyball Registration Application

Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Telephone No. _____ School _____ Grade _____

Sex _____ Name of last year's coach _____ T-shirt size _____

Having been informed of the organization of Recreation Activity Programs to provide supervised games for the youth of Scott County, Virginia, I/We, the Parents/Guardian of the above child do hereby give my/our approval to his/her participation in any and all of the activities during the current season and/or any seasons thereafter. I/We assume all the transportation to and from these activities, and I/We do hereby release, absolve, indemnify and hold harmless any of the organizers, sponsors and supervisors. In case of injury to my/our child, I/We hereby waive all claims against the organizers, sponsors, or any of the supervisors/coaches appointed by them. I/We likewise release from responsibility any person transporting my/our child to and from these activities.

I/We understand that we as parents/guardians are responsible for child/children at all times in terms of his/her/their individual safety and any damage that facilities may incur due their presence. I/We also understand that we are responsible for any of our children that we allow to be present at any activity who is/are not registered for said activity. It is understood that children not participating and registered are better left elsewhere as this is not a baby/child sitting or day care service.

Scott County cannot provide medical insurance for injuries to participants. Does your child have medical insurance coverage?

YES NO

If yes, list the name of the insurance company and ID or policy No.

_____ In the event of injury please contact me at _____ (emergency telephone number). If I cannot be reached, I hereby consent to transportation by ambulance of my child to the nearest medical facility for medical treatment at my expense if deemed necessary by the coach or supervisor of this activity.

I/We understand that assignment of my/our child to any particular team or league by the operators of this program shall be left to the discretion of the supervisors of these programs.

Youth Volleyball is available to boys and girls in grades 2-7. Grades 2-4 will constitute a league and grades 5-7 will constitute a league. Costs are: \$30 per player and \$50 per family. Add \$5 for non-county child and \$10 for non-county family.

MAKE CHECKS PAYABLE TO SCRD - DEADLINE TO REGISTER IS AUGUST 25, 2017

You may mail applications to: Scott County Rec. Dept.; 247 Fore Dr., Suite 201; Gate City, VA 24251, deliver to the Rec. Dept. or return the completed application to your child's school office prior to the deadline. My/Our child is now _____ years old. If you have any questions, please call the SCRD at 276-452-2442.

Parent/Guardian signature _____ Date _____

Parent: Will you coach a team? YES NO

Parent: Will you work in other capacity? YES NO