



Madison County Parks and Recreation

Youth Sports Registration

Sport/Program: _____ If Applicable: Boys Girls Co-Ed (circle one)

Participant Information

First Name: _____ Last Name: _____ Date of Birth: ___/___/___

Street Address: _____

City/State/Zip: _____ Primary Phone: _____

Gender: M / F Current Grade: _____ T-shirt size (if applicable): _____

Medical Conditions: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

Email: _____ Daytime Phone: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: (if different from above) _____

Emergency Contacts: (for when you can't be reached)

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

- In agreeing to participate in the program, as parent or guardian of Participant, I do hereby affirm that Participant's general health is good and is not adversely affected by exercise. Participant is capable of performing activities of this nature.
- For the opportunity to be a part of this program, I understand that I am responsible for my conduct and my child's conduct at all times. I will not berate, curse, defame or confront a coach, participants, other coaches, umpires or referees, or anyone associated with the youth program or allow my child to do so. Parent/Guardian is responsible for following the rules and regulations of a suspension from the participant's school. The Participant will not be allowed to participate in Madison County Parks and Recreation Authority Programs/Sports/Events if they are suspended after school hours from their school or excluded from extra-curricular activities due to their suspension from their school.
- It is likewise assumed and agreed that I will, at my own expense, make sure Participant wears proper clothing and protective equipment during activities, and that it is the responsibility of myself, as Parent or Guardian of participant, to make sure the criteria are met. I also agree to allow transportation to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid if and when deemed necessary.
- I am also agreeing to allow my child's photograph to be used on the MCPRA website, www.hooverridge.com or any publication (i.e. newsletters, brochures) we may have for programs and events. I may choose to opt out by writing a letter to MCPRA or e-mailing Lindsay Von Herbulis at lindsay.mcpraparksrec@gmail.com.
- In consideration of participating in this activity, I do assume all risk of any injury and will indemnify and hold harmless, from any and all liability, action, cause of action, claims and demands of every kind or nature whatsoever that I have or which arise from or in connection with Participants involvement in this activity, the County of Madison, VA, the County Board of Supervisors, the Madison County Department of Parks and Recreation, the Madison County School Board and all officers, agents, employees, staff, volunteers and successors.
- I understand that if I violate any of the above, I can be suspended from being at practices/games by the sport's commissioner.

Parent/Guardian's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

MCPRA Use Only: Registered by: _____ Date: _____ Payment Received: _____ Check #: _____