

Please print clearly in blue or black ink and provide signatures where requested. Providing false information will result in ineligibility for 1 year. REV MARCH 2020

|   |             |   |  |
|---|-------------|---|--|
| <b>Player Information</b> To be eligible to participate, a player must have a <b>complete &amp; signed contract</b> on file with Sports Management/Athletics. A physical is recommended for all sports, and mandatory for football. |             | Participant is:   | Participant identifies as:                                       |
|   |             | <input type="checkbox"/> Male<br><input type="checkbox"/> Female  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Player's name:  |             | Birthday (MM/DD/YY):    /    /  | Age:   |
| Street address:   |             | City:   | Zip:   |
| Parent / Guardian's name:   |             | School:   |  |
| Email:  |             | Area:   | Team:  |
| Home Phone:   | Cell Phone: | Age group:  | Uniform #:   |
| <input type="checkbox"/> Basketball <input type="checkbox"/> Softball   |             | <input type="checkbox"/> Football (Physician's Certificate Mandatory) <input type="checkbox"/> Volleyball |  |

**Parental Consent & Releases** *Note: In all leagues, accident insurance is desired.*

I, for myself and/or child named here as a patron and/or participant in a Virginia Beach Parks & Recreation Facility and/or Program/Camp, am aware of the possibility of accidental or other physical injury which may befall me or my child(ren) during my/our use of the facility, equipment, and/or participation in Programs/Camps conducted by this department including Programs/Camps co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my child(ren) may suffer while utilizing Virginia Beach Parks & Recreation Facilities and/or Programs/Camps and release from any and all liability of cause of action, the City of Virginia Beach, its employees, agents and volunteers. I hereby provide my consent for Virginia Beach Parks & Recreation to use photographs, videos and/or interviews with me and/or my child(ren) in connection with publicizing or promoting the City of Virginia Beach, its services, or departments and agencies. I understand that there will be no remuneration for such use.

**Check the type of coverage the player has:**     School insurance       Service dependent       Other (specify):

**Expectations of Appropriate Conduct** I, the undersigned parent/guardian, realize that this is a program for the children that focuses on fun, learning, and skill development. As such, the City of Virginia Beach expects that I (and my guests) will behave appropriately at all practices, games, team and league functions. I also realize that failing to do so will jeopardize my continued attendance/participation.

**Release in Accordance with the Virginia Privacy Act** I hereby give permission for Sports Management/Athletics to release my phone number and/or address to the coach or Area Chairman for any reason connected with my child's participation in Community Youth Sports.

Please withhold my information from the coach or Area Chairman.

|                     |              |
|---------------------|--------------|
| Parent's signature: | Date signed: |
|---------------------|--------------|

**Coach Verification** By signing below, I certify the information on this card is true and correct.

|                    |       |        |
|--------------------|-------|--------|
| Coach's signature: | Date: | Phone: |
|--------------------|-------|--------|

**Physician's Certificate to be completed & signed by the examining physician.** *Note: Mandatory for football.*

After giving this player a complete medical physical, I find that s/he is:

Physically Able       Physically Unable      to participate in the Virginia Beach Community Athletic Leagues.

Remarks:

|                        |       |        |
|------------------------|-------|--------|
| Physician's signature: | Date: | Phone: |
|------------------------|-------|--------|

**Player release from one area to another** *Area Chairmen Only*

|                                     |                  |
|-------------------------------------|------------------|
| Player is being released from area: | To play in area: |
|-------------------------------------|------------------|

Reason for release:

|   |       |
|---|-------|
| Signature of Area Chairman <b>releasing</b> player: | Date: |
|---|-------|

|   |       |
|---|-------|
| Signature of Area Chairman <b>accepting</b> player: | Date: |
|---|-------|

**Sports Management staff use only:**

|                |                  |
|----------------|------------------|
| Date received: | Staff signature: |
|----------------|------------------|

Notes:

Please return this contract to:  
 Sports Management/Athletics  
 Princess Anne Athletic Complex  
 4001 Dam Neck Road  
 Virginia Beach, VA 23456

For more information:  
 Phone: 385-0458  
 Email: cwathletics@VBgov.com  
 Web: VBgov.com/sports

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