

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

REV JUNE 2019

<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.		<input type="checkbox"/> Male	<input type="checkbox"/> Basketball <input type="checkbox"/> Softball
		<input type="checkbox"/> Female	<input type="checkbox"/> Football <input type="checkbox"/> Volleyball
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 #:
<b>Player's signature:</b>		Date signed:	

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

Coach's signature:	Date:	Phone:
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**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:
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**Player release from one area to another** *Area Chairmen Only*

Player is being released from area:	To play in area:
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Reason for release:

Signature of Area Chairman <b>releasing</b> player:	Date:
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Signature of Area Chairman <b>accepting</b> player:	Date:
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**Sports Management/Athletics staff use only:**

Date received:	Staff signature:
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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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