

<b>Colonial Heights Recreation &amp; Parks Department</b> 901 Meridian Avenue / P.O. Box 3401 Colonial Heights, VA 23834 (804) 520 - 9390 / 520 - 9203 fax Cancellation Number: 524 - 8788 <a href="http://www.colonialheightsva.gov">www.colonialheightsva.gov</a> <a href="https://www.facebook.com/colonialheightsrec">www.facebook.com/colonialheightsrec</a>	Date of Birth: ____ / ____ / ____	Age: _____ Grade: _____
	Gender: ____ M ____ F	School Attending :
	List Medications/Allergies:	List Disabilities:
Last Name:	First Name:	Phone (cell):
Street Address:	E-mail Address:	Phone (work):
		Phone (home):

Program/Sport Name:		League Played in Last Year:		Does the player have a brother or sister playing in the same league & age division? _____ Yes ____ No	
<u>Volunteer Positions for Parents/Guardians:</u> (Please Circle if Interested in being a)  Head Coach  Assistant Coach  Other: _____	For Summer Program and After-School Program Registrants Only: Name of Individuals Permitted to Pick-up Child: (Please print names legibly)			T-shirt Size: (circle one)	
				Short/Pants Size: (circle one)	
				YXS    YS    YXS    YS	
				YM    YL    YM    YL	
			AS    AM    AS    AM		
			AL    AXL    AL    AXL		

Emergency Contact Name, Number, and Relation:	Recreation Department Use Only:  Amount: \$ _____ Check/Money Order # _____ _____ Cash    _____ Debit/Credit _____ Online    _____ Account Credit	Person(s) to be seated next to:
Physician's Name and Number:	Checks payable to: <b>City of Colonial Heights</b>	Recreation Department Use Only:

**Informed Consent and Waiver of Liability**

I do hereby agree to completely and unconditionally indemnify, hold harmless, release and discharge the City of Colonial Heights, its employees, its instructors and its volunteers, from all liabilities for injuries or property damage sustained as a result of my participation or my child's participation in this Recreation Activity regardless of the number of times attended. By participating, I give permission for any and all medical attention to be administered in the event of an accident or emergency. I also understand photos taken during programs may be used for promotional purposes. Additionally, I understand if registering for a sports related activity that I must abide by the Parents Code of Conduct. Participation in the program shall also constitute acceptance of this liability, medical release, photography, and Parents Code of Conduct.

_____	_____	_____	_____
<b>Participant Signature</b> (if over 18)	<b>Signature of Parent/Guardian</b> (if under 18)	<b>Printed Name</b>	<b>Date</b>

**THIS REGISTRATION FORM IS TO BE FILLED OUT FOR ALL NEW ACTIVITY/PROGRAM REGISTRATIONS**

**Distribution:** White - Recreation Department      Yellow - Coach/Instructor      Pink - Parent/Player/Participant