Amelia County Parks and Recreation
20__ Youth League

I, Parent or Guardian of the child whose name is listed on the form below, hereby give approval to his/her participation in the Youth Program check-marked below. I absolve Amelia Parks and Recreation, its officials, and its coaches of any liability for injuries to the named applicant occurring during participation, including necessary or accidental activities hereto sanctioned by Amelia Parks and Recreation. In the event of injury and my absence, I authorize an individual associated with my child's team to seek medical care. I understand that any accident insurance provided by Amelia Parks and Recreation will serve as a secondary insurance, and will be limited in nature. I will file my claims with my insurance company before submitting any to the Amelia Parks and Recreation Department.

Please check sport you participate in

☐**Basketball** ☐**Football** ☐**Cheerleading** ☐**Soccer** ☐**Softball**

Child's Name:_____
Social Security Number:_____
Home Address:_____
Phone Number:_____
Birth Date:_____ **Age:**_____ **Sex:** _____

Has your child ever participated in this program before? ☐ Yes ☐ No If yes, how many years?_____

BIRTH CERTIFICATES AND PHYSICALS ARE REQUIRED

A registration fee of **$50.00** for each player must be paid prior to any participation in the league. You must also have a physical to participate. **$20.00** late fee will apply after any deadline.

REFUNDS WILL NOT BE MADE AFTER THE SEASON BEGINS

Please provide proof of physical or doctor's approval for your child to participate in sports.

I have verified that my child has had a physical, checkup, or a doctor's approval to participate in a full contact sport or any other sport involving running, jumping, hitting and strenuous exercise activities for this current season.

I will volunteer to: ☐ Coach ☐ Asst. Coach ☐ Concession ☐ Litter Control ☐ Referee/Umpire ☐ Fundraiser

Parent/Guardian: _____ Date:_____
Please print name:

Parent/Guardian: _____
Signature

Mail to: Amelia Parks & Recreation
P.O. Box A
Amelia, VA 23002

or **Drop Off at**: Amelia Parks & Recreation
16360 Dunn Street
Amelia, VA 23002

Phone: 804-561-4100
FAX 804-561-6039
Email: ameliarec@tds.net
Website: www.ameliacova.com

Staff Use Only

Assigned Team:_____ Coach:_____ Phone #:_____
Squad:_____ Birth Certificate on File: ☐ Yes ☐ No
Fee Received: $_____ Check #:_____ Date: _____ Physical Received: _____
Practice Jersey #:_____ Game Jersey#_____ Practice Pants:_____Game Pants:_____
Shoulder Pads: 7 Piece Pad Set:_____ Shell Size:_____ Skirt Size:_____ Lollie Size:_____