



Botetourt County Parks and Recreation

30 West Back Street #4 • Fincastle, VA 24090

Phone: (540) 473-8326 • Fax: (540) 473-8605

www.botetourt.org



ATHLETIC REGISTRATION FORM

_____ Paid

Sport: _____ Recreation Club: _____ School Child Attends: _____

Has child participated in this sport at a Non-Recreation Level (ex: AAU, Travel) in the past 12 months: _____ Yes _____ No

ARE YOU A RESIDENT OF BOTETOURT COUNTY: _____ IF NO, WHAT COUNTY: _____

Full Name of Child _____ Date of Birth: _____ Age: _____

Address: _____ Home Phone: _____

MALE _____ FEMALE _____ Shirt size: YS YM YL YXL AS AM AL AXL Pant/Short Size: YS YM YL YXL AS AM AL AXL

DOES CHILD HAVE ANY SPECIAL MEDICAL PROBLEMS? _____ IF SO, PLEASE SPECIFY _____

_____ Emergency Phone: _____

Primary Parent(s): _____ Home Phone: _____ Cell Phone: _____

Secondary Parent(s): _____ Home Phone: _____ Cell Phone: _____

Primary email: _____ Secondary email: _____

All parents must be certified in the PAYS program or NYSCA program before his/her child can participate:

Are you Certified: (please check if applies) _____ PAYS _____ NYSCA Date: _____

THE COACH OR SUPERVISOR HAS MY PERMISSION TO CALL MY FAMILY DOCTOR IN AN EMERGENCY WHEN I CANNOT BE CONTACTED. PHYSICIAN _____ PHONE _____
IF MY FAMILY PHYSICIAN IS NOT AVAILABLE, THE SUPERVISOR HAS MY PERMISSION TO CALL ANOTHER PHYSICIAN.

SUGGESTED PHYSICIAN _____ PHONE _____

THE COACH OR SUPERVISOR HAS MY PERMISSION IN AN EMERGENCY, WHEN I OR MY PHYSICIAN CANNOT BE CONTACTED, TO ARRANGE FOR RESCUE SQUAD TO TAKE MY CHILD TO THE EMERGENCY ROOM OF THE NEAREST HOSPITAL AT MY EXPENSE.

I DO HEREBY GRANT PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THE ABOVE PROGRAM AND DO HEREBY RELEASE BOTETOURT COUNTY, THE BOTETOURT COUNTY PARKS AND RECREATION DEPARTMENT, THEIR OFFICERS, AGENCY AND EMPLOYEES, THE AREA RECREATION CLUB, THE COACH OR PROGRAM SUPERVISOR FROM ANY LIABILITY, CLAIM, ACTION, CAUSE OF ACTION, DAMAGES OR DEMANDS WHICH MAY RESULT FROM THE CHILD'S PARTICIPATION IN THIS PROGRAM. I HEREBY ACKNOWLEDGE THAT THE CHILD HEREBY ASSUMES THE RISK OF ANY INJURY, WHICH MAY RESULT FROM PARTICIPATION IN THIS PROGRAM. I AFFIRM THAT HE/SHE HAS BEEN EXAMINED BY A PHYSICIAN WITHIN THE PAST 12 MONTHS AND HAS NO PHYSICAL LIMITATIONS AFFECTING HIS/HER ABILITY TO PARTICIPATE IN THIS PROGRAM.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NOTICE TO PARENTS OR GUARDIAN: SINCE NEITHER BOTETOURT COUNTY NOR THE SPONSORING RECREATION CLUB IN YOUR AREA HAS INSURANCE COVERAGE OF ANY KIND ON YOUR CHILD IT IS IMPORTANT THAT YOU HAVE COVERAGE AND REALIZE THERE IS THE POSSIBILITY OF INJURY IN ATHLETIC EVENTS. THIS FORM MUST BE COMPLETED AND FILED BEFORE HE/SHE MAY PARTICIPATE IN ANY ATHLETIC PROGRAM. COMPLETION OF THIS FORM SIGNIFIES YOUR CONSENT FOR YOUR CHILD TO PARTICIPATE AND ACKNOWLEDGMENT OF THE INSURANCE NON-COVERAGE. ELIGIBILITY FOR BOTETOURT COUNTY ATHLETIC PROGRAMS IS DIRECTLY AFFECTED BY THIS FORM.

NAME OF INSURANCE COMPANY _____