

VIRGINIA BEACH PARKS & RECREATION • Sports Management Athletic Leagues Contract

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

Rev. 6/2021

Player Information: To be eligible to participate, a player must have a **complete & signed contract** on file and meet all eligibility guidelines set forth by Sports Management. A physical is recommended for all sports.

Player's Gender:

Player Identifies As:

Player's Name:		Birthdate (MM/DD/YYYY):	Age:
Street Address:		City:	Zip Code:
Parent/Guardian's Name:		School:	
Home Phone:	Cell Phone:	Area:	Team:
Parent/Guardian's Email Address: *		Age Group:	Uniform #:

* The email you provide will be sent information or requests relating to this activity. If you wish to subscribe to Parks & Rec newsletter please visit vbgov.com/enews.

I consent to receiving email communications.

Basketball Softball 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 to release my phone number and/or address to the coach or Area Chair for any reason connected with my child's participation in Community Athletic Leagues.

Please withhold my information from the coach or Area Chair.

Parent/Guardian'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 Signed:	Coach's Phone:
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Physician's Certificate to be completed & signed by the examining physician.

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 Signed:	Physician's Phone:
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Sports Management staff use only: Date Received:	Staff Signature:
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Notes:

Please return this contract to:

For more information:

Sports Management
Princess Anne Athletic Complex
4001 Dam Neck Road
Virginia Beach, VA 23456

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

VIRGINIA BEACH
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VBGOV.COM/PARKS