



# YOUTH ATHLETIC REGISTRATION FORM

STAFF USE ONLY  
Registration Number: \_\_\_\_\_

PLEASE PRINT CLEARLY

Please check choice of athletic area of the city:

- Danville-North       Danville-South

Sport \_\_\_\_\_ # of Seasons \_\_\_\_\_

Player's Name \_\_\_\_\_

Date of Birth (Proof Required) \_\_\_\_\_  MALE  FEMALE

Height (inches) BASKETBALL ONLY \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Best Contact Phone \_\_\_\_\_

Alternate Contact Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Player's School \_\_\_\_\_

EMAIL address \_\_\_\_\_

To be used to notify you of Parks & Recreation programs. Our policy prohibits sharing of email addresses.

Last Year's Team \_\_\_\_\_

### IMAGE RELEASE

I allow my child(ren) participating in the Optimist Youth Sports program and other related events/activities to be photographed and/or recorded for the purposes of awareness and marketing and that such photographs/recording may be published in-print or electronically.

Parent Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all lines on this form . . . If registering more than one child, make copies of this form.  
Forms can also be downloaded online at [www.playdanville.va.com](http://www.playdanville.va.com)

### ASSUMPTION OF RISK & WAIVER

I, \_\_\_\_\_, wish to participate in the Optimist Youth League at Danville Parks and Recreation Department.

I understand that the above-mentioned program/s involves **activity that can be both strenuous and physically demanding** and could result in my being physically injured. Such injuries could include strained, sprained or torn muscles, ligaments and tendons, broken bones, head or back injuries, concussions and even loss of life. I understand that this is only a partial list of the injuries I might receive as the result of engaging in this activity. I further understand that there may be a risk or injury in traveling to and from the area where the activity will take place.

**I understand the importance of following all rules and regulations relating to this activity**, including the instructions of the person or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. I agree to follow and comply with all such rules, regulations, instructions and/or requirements.

I understand that it is **important that I be in good physical condition** when I engage in this activity, and I understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

**I hereby expressly assume the risk of any physical injury or other loss** that I might sustain as a result of participating in this activity and transportation related thereto.

I also expressly waive and covenant not to sue on any claim I might have against the City, or any officer or employee of the City, or any volunteer, or the estate or representatives of such persons for any personal injury or loss I might sustain as a result of engaging in any activity relating to this program whether cause by negligence, breach of contract or otherwise; except that this waiver shall not apply to any claim I might have against the City (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such persons or entity.

### PLEASE READ CAREFULLY BEFORE SIGNING

Signature or Participant : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL & EMERGENCY INFORMATION & CONSENT

Participation in Optimist Youth Sports League requires the ability to jump, tumble, roll, cartwheel, and other cheerleading related activities. Additionally, participation requires the capacity to understand the rules. Does your child have any current condition that limits his/her ability to participate in this activity?

Yes  No

If yes, please explain and identify any modification that would enable your child to participate:

\_\_\_\_\_  
\_\_\_\_\_

I/We hereby grant consent/permission for the coach or supervisor and to any and all health care providers designated by Danville Parks and Recreation Department to provide my child, any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent/Guardian Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to: "City of Danville"

### FOR OFFICE USE ONLY

Cheering	Amount \$ _____	Verified _____	Fee \$ _____	Initials _____
New Uniform Cost _____				
Tops with embroider _____	Amount \$ _____	League Age _____	Amount \$ _____	Weight _____
Bottom with Brief _____	Amount \$ _____	Account _____	Account \$ _____	Height _____
DR Date _____	Date Refund _____	Reason for Refund _____		

Requested by: \_\_\_\_\_ Approved by: \_\_\_\_\_