

RELEASE OF ALL CLAIMS

BEDFORD COUNTY RECREATION ASSOCIATION AND
STEWARTSVILLE-CHAMBLISSBURG RECREATION ASSOCIATION, INC

Release made this ____ Day of _____, 20____ By _____ (Parent/Guardian) and _____ (Parent/Guardian) of _____ (Name of Athlete). In consideration of the permission granted to the above-named athlete by the Bedford County Recreation Commission and The Stewartsville-Chamblissburg Recreation Association, Inc. to participate in _____. In the 20____ season, I/We hereby release the Bedford County Recreation Commission and The Stewartsville-Chamblissburg Recreation Association, Inc., its agents and employees, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against the Bedford County Recreation Commission and The Stewartsville-Chamblissburg Recreation Association, Inc., and other described parties for all personal injuries known or unknown to _____ (Name of Athlete) has/have or may incur by participating in the above described activity. I hereby attest and affirm that the above-named athlete has received a physical examination within the past year and has no ailment or deformity that should prevent him/her from participating in _____. I further authorize the Bedford County Recreation Commission and The Stewartsville-Chamblissburg Recreation Association, Inc. officials to take the proper steps to provide medical attention should he/she be injured while playing or being transported to or from any Rec Club sponsored activity, and I hold said officials and the Bedford County Recreation Commission and The Stewartsville-Chamblissburg Recreation Association, Inc. harmless therefore. I/We, the undersigned, have read this release and understand all of its terms. I/We executed it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF I/WE executed this release at Stewartsville, Virginia the day and year first above written.

(SEAL) _____ (SEAL) _____

Parent or Guardian

Parent or Guardian

Street Address

Home Phone Number

City, State, Zip

Work Phone Number (Optional)

FULL LEGAL NAME OF ATHLETE AS SHOWN ON BIRTH CERTIFICATE

DOB: _____ Email Address _____

Birth Cert _____ Paid _____ Ethics _____ School _____

Person to contact in case of emergency other than parent:

Relation: _____

Address: _____ Phone # _____

Health & Accident Insurance Information: Have Insurance?: YES NO

If Yes, Company Name: _____ Policy #: _____

If No, would you like to have Bedford County Rec Commission Coverage? YES NO

HEALTH INFORMATION

History of:	Check One:	Comments
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Problems/Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Seizure (Epilepsy)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vision Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Contact Lenses or Glasses	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Motor Impairment Requiring Special Equip.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Fainting Spells	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heat Illness or Cold Injury	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Recent Contagious Disease or Hepatitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Kidney Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bone or Joint Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dentures or False Teeth	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Emotional Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Special Diet Needs	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other		

MEDICATIONS

Allergies to Medications: _____

The athlete named on the reverse side of this form has been examined by a physician within the last year and it has been determined that there is no physical or mental reason to prevent him/her from participating in the sport shown.

SIGNATURE of person who completed form (parent or guardian):

_____ Date: _____

DATE OF BIRTH OF ATHLETE _____

PARENT'S CODE OF ETHICS

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice, or other youth sports events.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth- not for adults. I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect, regardless of race, sex, creed or ability.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach uphold the Coaches' Code of Ethics.
- I will read the NAYS (National Standards For Youth Sports) and do what I can to help all youth sports organizations implement and enforce them.

Parents Signature Parents Signature Date

Parents Name (Please Print) Parents Name (Please Print)

Child's Name (Please Print) Telephone Number

Uniform Information

Player's name: _____ Date: _____

Phone# _____ Sport _____ Age Group _____

*Shirt size (circle one) YS YM YL AS AM AL _____

Other (specify) _____

*Shorts/Pants size (circle one) YS YM YL AS AM AL _____

Other (specify) _____

Coach's are always needed.
If your interested fill out this portion
and mail with registration

Name

Sport your interested in coaching

Age group you would like to coach

Would you like to be a head coach or an assistant

Phone Number

E-mail Address
