

# Versailles-Woodford County Parks and Recreation Activity Registration Form (Please Fill Out Completely and Legibly)

**PARTICIPANT'S INFO**

Participant's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Circle: Male / Female

*If registering a minor, please be sure to check who we should contact with questions or updates*

**PARENT OR GUARDIAN INFO** EMAIL: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**PARENT OR GUARDIAN INFO** EMAIL: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

**MEDICAL/INSURANCE INFORMATION** *If participant does not have insurance, please check here:*

Insurance Company \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Is participant allergic to any drugs?  NO  YES List: \_\_\_\_\_

Does participant have any other allergies?  NO  YES List: \_\_\_\_\_

Is participant on any medications?  NO  YES List: \_\_\_\_\_

Does participant wear contact lenses?  NO  YES

Are there any health conditions your child's instructor needs to be aware of?  NO  YES

If yes, please explain: \_\_\_\_\_

**WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:**

- I. I understand that baseball, softball, football, basketball and other sports, fitness, and aquatic programs are dangerous and that I or my child could be killed or seriously injured while participating. Injuries that could occur include, but are not limited to, paralysis, brain injury and broken bones. I understand that if my child is participating in a youth sports program that s/he will be coached by volunteer coaches who will not be full-time or professionally trained. Recognizing the inherent risks associated with participating in the above noted program and still desiring myself or my child to participate, I hereby agree to indemnify and hold harmless the Versailles-Woodford County Parks & Recreation Department, Woodford County Fiscal Court, the City of Versailles and the members, employees, and all individuals responsible for the conduct of activity involving myself or my child(ren) for claims including but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks and Recreation Department strongly recommends that each participant have medical approval before participating in any sport, aquatic, or fitness related program and that I must inform the Department of any medical condition that may require special attention or treatment.
- II. I warrant that my child/children or I or am privately insured with a medical insurance policy. I understand the VWCPRPD provides minimal insurance coverage, in **certain programs only**, that provides coverage once my present insurance is expanded. This coverage is on the participant during sport or activity participation only and does not provide coverage during transportation to and from the event.
- III. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to VWCPRPD. If you have any questions concerning fees, please contact the department at 873-5948.) I understand that the Department will not issue refunds after leagues have been drafted unless there is a medical reason that my child or I cannot participate. I understand that in non-competitive leagues or other programs, refunds must be requested in writing 5 business days prior to the program's start date. In the case of injury or illness where my child or I cannot participate, a doctor's statement must be received within 10 business days of seeking treatment stating why the individual cannot participate.
- IV. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation Department sponsored activities and to utilize them in advertising and/or promotion both in print and on the Department's website.
- V. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

*I the undersigned understand and agree to the above listed conditions.*

Authorized Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_

PROGRAM INFO	
Program _____	
Session _____	Level _____
Day _____	Time _____

SHIRT/JERSEY SIZE	
<i>Please Circle</i>	
Youth Sizes	
YS (6-8)	YM (10-12) YL (14-16)
Adult Sizes	
Small	Medium Large
X-Large	XX-Large