

**Grayson County Parks and Recreation Department**  
 Office: 276-773-3841 ♦ FAX: 276-773-3844 ♦ [www.graysonrecpark.com](http://www.graysonrecpark.com)

**Program Registration Form**  
**\$ 25.00 per program/activity**  
 Late fee \$30.00 (amount due after May 1<sup>st</sup>)  
 Registration Fees are NON-Refundable

- T-Ball** Ages 4 and 5  
 **Machine Pitch** Ages 6, 7, and 8

**\*Registration Deadline: May 1<sup>st</sup>**

\_\_\_\_\_  
 Participants Full Name

\_\_\_\_\_  
 Name Used

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Gender

\_\_\_\_\_  
 Date of Birth (mmddyy)

\_\_\_\_\_  
 Age

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip code

\_\_\_\_\_  
 Height

\_\_\_\_\_  
 Weight

\_\_\_\_\_  
 Grade

\_\_\_\_\_  
 School

\_\_\_\_\_  
 Home Phone#

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

\_\_\_\_\_  
 Work Phone#

\_\_\_\_\_  
 Mobile Phone#

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

\_\_\_\_\_  
 Work Phone#

\_\_\_\_\_  
 Mobile Phone#

List any allergies, special conditions, medications, etc. \_\_\_\_\_  
 \_\_\_\_\_

**PHOTO AUTHORIZATION:** I, hereby, give permission for myself/my child to be photographed while participating in department activities/programs, and I give this Department permission to use or distribute such photo and identification. I understand this consent complies with Section 8.01-40 of the Code of Virginia.

**YES NO -YES is assumed if nothing is marked.**

**WAIVER:** In order to participate in said program, as parent or guardian, for the said participant, I understand there is a risk of physical injury or death to the participants of this program. I assume the risk of any and all injuries to the participant. I agree to indemnify and hold harmless the Grayson County Parks and Recreation Department and its successors and assign from any and all claims for any and all injuries suffered or caused by said participant due to participation in said activity. It is likewise the participant's responsibility to wear proper clothing and protective equipment during said program and is the responsibility of the parent or guardian to make sure the criteria is met. I understand and agree, as the parent or guardian, to allow transportation of said participant to the nearest physician or hospital for emergency medical treatment and to allow for immediate first-aid to the injured participant when deemed necessary. I certify that I (or my child or ward) am in proper condition to participate in this activity.

**CONDUCT CODE:** The Grayson County Parks and Recreation's philosophy is for all kids to have the opportunity to participate in youth sports within a fun and safe environment. All games and practices are designed for the kids' enjoyment. Any person, whether a coach or a parent, who disrupts games and practices by using obscene language or direct derogatory remarks towards staff, coaches, officials or players during or after games or practices will be removed from the field or gym. Make it known that removal will be by recreation supervisors or police by whatever means necessary. Also, the recreation department has the right to restrict any individual from attending future games or from any recreation department sponsored activity. The recreation director will make all decisions regarding actions taken against individuals who are involved in disruptive situations.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

MAIL FORMS TO:        -OR-        Drop off forms at Park Office

Grayson Rec Park

c/o Registration

PO Box 742

Independence, VA 24384-0742

-DO NOT TURN IN AT SCHOOL-