

Registration Number: _____



YOUTH ATHLETIC REGISTRATION FORM

PLEASE PRINT CLEARLY



Please check choice of athletic area of the city:

- | | |
|---|--|
| <input type="checkbox"/> Deep Creek | <input type="checkbox"/> Oscar Smith/South Norfolk |
| <input type="checkbox"/> Great Bridge/Hickory | <input type="checkbox"/> Western Branch |
| <input type="checkbox"/> Indian River | |

Sport _____ **# of Seasons** _____

Player's Name _____

Player's Date of Birth (Proof Required) _____ MALE FEMALE

Height (inches) BASKETBALL ONLY _____

Parent/Guardian Name _____

Address _____

City/State/Zip _____

Best Contact Phone Number _____

Alternate Contact Phone Number _____

Emergency Phone _____

Player's School _____

EMAIL address _____

To be used to notify you of Chesapeake Parks, Recreation & Tourism's programs. Our policy prohibits sharing of email addresses.

Is your child currently participating on a school team and/or private organization not sponsored by Chesapeake Parks, Recreation and Tourism?
 Yes No

If **yes**, indicate team name, sport, & sponsoring organization or school: _____

*Make checks payable to: "Chesapeake Treasurer".
 Include Driver's License number on the check.
 Canceled check is your receipt.*

**For mail in registrations: Chesapeake Parks, Recreation and
 Tourism 1224 Progressive Drive, Suite 200, Chesapeake, VA 23320**

Please complete all lines on this form . . . If registering more than one child, make copies of this form for each. Forms can also be downloaded online at www.CityofChesapeake.net/sports

Questions? Contact Athletics at (757) 382-6411

Parent's Responsibility/Consent

- Youth Residency Policy-** A parent or legal guardian, who legally resides in Chesapeake, may register his or her child to participate in a Chesapeake Parks, Recreation and Tourism's athletic league. A child residing outside of the City of Chesapeake will be charged an additional fee.
- A youth player who registers to play in a City recreation league may play with and/or be registered with other non-department sponsored teams. In fairness to others in the City program, it is very important for each participant to be committed to their recreation team.
- Insurance** The Department of Chesapeake Parks, Recreation and Tourism does not provide or offer accident insurance in any of its sports programs. It is the parent's responsibility to secure such insurance, if desired.
- It is the parent's responsibility to provide transportation to and from practices and games. Upon arrival, parents should make sure a coach is present. Players should be picked up directly after activities have ended.
- It is the parent's responsibility to return clean equipment to coaches no later than one week following the team's last game. A player who fails to return all equipment will not be permitted to participate in any Chesapeake Parks, Recreation and Tourism athletic program until everything is returned.
- Does your child have a medical condition(s) that may be affected by participation in this program? If yes, explain: _____
- I am aware of the activities, and I understand that department and program staff and volunteers are not responsible for determining whether my child is physically and medically fit for this program. I understand that if I have any doubts, I should consult my family physician. We encourage participation by special populations with doctor's approval.
- I understand that any incorrect or false information provided on this form will result in the player being declared ineligible immediately and for the remainder of the season. In addition, all games in which the player participated will be forfeited.
- Registration Fee Refunds:** A parent must request a refund by contacting the athletic office prior to Evaluation/Draft day. No refunds will be made after the Draft for each sport. **\$10 processing fee** applied to all refund requests for activities not canceled by Chesapeake Parks, Recreation and Tourism.
- Refunds may take 3-4 weeks to process after request. (No refunds will be issued for credit card fee or Internet processing fee if paid online.)
- Players will not be placed on teams for transportation or other reasons.
- By signing this consent, parents are notified that the Chesapeake Parks, Recreation and Tourism employees, volunteers, or the City of Chesapeake are not responsible in case of accident or injury while playing or practicing in this youth athletic program and participants hereby assume the risk associated with playing youth sports including but not limited to sprains, bruises, broken bones, cuts, death, etc...

By signing this form, I hereby give my consent for the child's participation and verify that all information is correct. Stating further, I authorize the City of Chesapeake and its departments to take photographs, audio and video recordings of me and/or my child at any City facility, park, or program for publications used in promoting City programs. By signing I agree to follow the Parent's Code of Conduct.

 Parent/Legal Guardian Signature

 Date

FOR OFFICE USE ONLY

Athletic Area _____	Verified _____	League Age _____	Fee \$ _____	Initials _____
Account _____	Amount \$ _____	Account _____	Amount \$ _____	Weight _____
Account _____	Amount \$ _____	Account _____	Account \$ _____	Height _____
DR Date _____	Date Refund _____	Reason for Refund _____		