

PLAYER CONTRACT -COED VOLLEYBALL- GRADES 4 - 7

Participants Registration Information:

Last Name:	First Name:	Middle Name:	Male:	Female:
Date of Birth: Month/day/year:	Age:	Public school you are/would/will attend:	Grade in school:	

Street Address:	City/town:	State:	Zip Code:
Home Telephone Number:	Parent/s work telephone number:		

- Is your child's birth certificate on file at the Recreational Office? YES: NO:
- **If no, please attach a copy of the birth certificate with this contract.**

- Is child age/grade appropriate? YES: NO:

If not, participant may not be able to play in this division and may be moved up.

MEDICAL HISTORY:

- Is your child on any medication? YES: NO:

- If yes, what? _____

Does your child have a medical condition that the coach should be aware of? YES: NO:

If yes, what? _____

Name of last year's coach if child participated: _____

The purpose of participation in any Authority activity is to have fun. Learning and sportsmanship should be placed ahead of winning. Each player, coach, parent, official and spectator is expected to remember that being involved and encouraging the development of every participant is our goal. By filling out this form each player and parent acknowledges that they will act in a sportsmanlike manner and will at all times conform to the rules of the Authority.

- The Floyd/Floyd County Public Recreational Facilities Authority does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex in its recreational programs or employment. No per shall be denied recreational activity or employment solely because of any impairment, which is unrelated to the ability to engage in activities in the position for which application has been made.
- When team rosters are finalized and assigned to coaches **ABSOLUTELY NO CHANGES** will be made. **If you have any concerns contact the Director as soon as possible.**
- **Fees:** A reduced participation fee for families within the same household with more than one child participating in the same sport or sports that may be run simultaneously is available. **Please contact the recreational office for more details.**
- Players are to be governed by the Rules & Regulations of this league. Players are expected to participate in all of the practice sessions and games scheduled for their team, unless properly excused. Players will not play on any other team/league during the life of this agreement until such action is taken by the proper authorities of this league for their release.
- Parents should be advised that they will be held financially responsible for the loss, misuse, or neglect of any uniform and equipment issued to their child for participation in the youth league.
- The Floyd/Floyd County Public Recreational Facilities Authority **DOES NOT** carry medical insurance on participants. Each child should have separate medical insurance for injuries, which may be sustained due to this activity.

I/We have read the contents of this contract and do hereby agree to the conditions outlined. I/We hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against any parties for injuries received through participating in the above-mentioned league. I hereby set my hand this _____ day of _____, _____ (day of month) (month) (year).

SIGNATURE OF PARENT/S: _____

PRINTED NAME OF PARENT/S: _____

Would you be willing to coach or help? YES: NO:

RETURN FEE OF \$ 30.00 , BY Friday, January 6, 2012. Make checks payable to Floyd Recreational.

- Please send separate checks for each child participating and attach to appropriate form.
- If contract form, fee and birth certificate are not returned together, application will not be accepted.
- Call the recreational office for refund information.

Cash _____ Check Number _____