# Franklin County Parks & Recreation Registration Form

2150 Sontag Road Rocky Mount, VA 24151
540-483-9293 office 540-483-0040 fax

Please Register Online at www.PlayFranklinCounty.com

**Name of Sport/Activity**_____ **Day of Class**_____ **Time of Class**_____

**First Name** _____ **Last Name** _____ **Name You Go By**_____

**Address:** _____ **City:** _____ **Zip:** _____

**Date of Birth:**_____ **Check Here if Information Needs to be Updated** ☐

**Email Address:** _____ **Gender (please circle) M or F**

**Home #:**_____ **Cell #** _____

**Please circle the elementary school district in which you or your child lives and/or the school your child attends.**

Boones Mill Burnt Chimney Callaway Dudley Ferrum Glade Hill Henry Lee Waid Rocky Mount Snow Creek Sontag Windy Gap

**Would you be willing to volunteer to coach? Yes or No Name: _____Phone # _____**

***Parents are urged to call PRIOR to the registration deadline to verify that your child's registration form has been received by the Recreation Department. Late registration forms will be collected, only with the $15 late fee accompanying the form, and your child will be placed on a team if the child can be accommodated. If your child is placed on a team the $15 fee is non-refundable.**

## Liability Waiver Form

I, (**participant's name**) _____, wish to participate in the program sponsored by the Franklin County Parks and Recreation. Both myself and my parents/guardians/minor understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. We both agree to follow and comply with all such rules, regulations, instructions, and/or requirements. Both myself and my parents/guardians/minor understand that it is important that I be in good physical condition when I engage in this activity and understand that it is our responsibility to maintain an activity level that is compatible with my physical condition and skill level. We hereby expressly assume the risk of any physical injury or other loss that I might sustain as a result of my participation in this activity and any transportation related thereto. We further understand that there may be risk of injury traveling to and from the area where the activity will take place. We further expressly waive and covenant not to sue on any claim we might have against the County of Franklin, any officer, any employee of these organizations, any volunteer, or the estate or representative of such persons for any personal injury or loss that I might sustain as a result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise; except that this waiver shall not apply to any claim we might have against the County, of any such personal injury or loss I might sustain arising out of the gross or wanton negligence of any such persons or entity. ***I understand that I am solely responsible for my child's prompt transportation to and from games and practices. I also understand that special requests for a specific team cannot be considered.*** In order to participate the child must be home schooled, attending private or public school, or an of age graduate. **I also give permission to be photographed and used in any form of publication to promote Franklin County Parks and Recreation. I am also aware that these photos may be placed on the Franklin County Parks and Recreation website.**

**Signature of Parent/Guardian**: _____ **Date**: _____

**Printed Name of Parent/Guardian:** _____

**Emergency Contact Name**: _____ **Phone #:**_____

***It is your responsibility to alert your coach or class instructor if you have any physical impairments or physical conditions.***

## Parent's Code of Ethics

**I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by adhering to 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 sporting 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 sporting events.
- ◊ I will remember that the game is for youth and 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 respectful fan, assisting with coaching and providing transportation.

_____ _____ _____

**Parent/Guardian Signature** **Parent/Guardian Signature** **Date**

(PLEDGE FROM NATIONAL YOUTH SPORTS COACHES ASSOCIATION)

**"These materials, and the activity described herein, are not sponsored or endorsed by the Franklin County School Board."**