


GALAX PARKS AND RECREATION DEPARTMENT YOUTH SPORTS REGISTRATION FORM

YOUTH PROGRAM: _____
(Example: 10 & Under Soccer)

Form must be filled out and returned/mailed to the Galax Recreation Center by the program registration deadline along with full payment to be registered for said program.

Coaching: If interested in coaching or officiating youth sports, contact the Galax Rec. Dept. 236-3218 or indicate below.

Check if interested in coaching Check if interested in refereeing

Information:  Register at www.nixle.com to receive text messages from the Galax Parks & Rec. Dept.

Check if City Resident Check if Non-City Resident

Full Name _____ Name Used or Nickname _____

Address _____ Gender _____ Age _____ Birth Date _____
(mmddyy)

City _____ State _____ Zip Code _____

Parent's Name: _____ Height _____ Weight _____ Grade _____

Home Phone # _____ Parent's Cell# _____ Parent's Work# _____

I, the parent/guardian, state that this child: (please initial one)

_____ Has been given a physical examination by Dr. _____ on _____ (date) and has been found able to participate.

_____ Has not been given a physical examination, but I the parent/guardian of the above named youth state that he/she is physically able to participate and has no pre-existing condition which could result in injury or sickness.

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 City of Galax, Galax 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.

Signature of Parent/Guardian _____ Date _____

CONDUCT CODE: The Galax Parks and Recreation Department's philosophy is for all kids to have the opportunity to participant 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 ro 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 _____

List below or on back any allergies, special conditions, medicines, etc.