VIRGINIA BEA	ACH PARKS & RECREATION •	Sports Ma	nagement Athletic Lea	agues Contract
	rovide signatures where requested. Providing f	•	<u> </u>	
Player Information: To be eligible to participate, a player must have a complete & signed contract on file and meet all eligibility guidelines by Sports Management. A physical is recommended for all sports.			Player's Gender:	
			Player Identifies As:	
Player's Name:		Birthday (MM/DD/YYYY)	:	Age:
Street Address:		City:		Zip Code:
Parent/Guardian's Name:		School:		
Home Cell Phone: Phone:		Area:		Team:
Parent/Guardian's Email Address: *		Age Group:		Uniform #:
*The email you provide will be sent information or requests relating to this activity. If you wish to subscribe to Parks & Rec newsletter please visit vbgov.com/enews. I consent to receiving email communications.				
Basketball	Softball Volleyba	all		
Programs/Camps conducted by this department including Programs/Camps co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my child(ren) may suffer while utilizing Virginia Beach Parks & Recreation Facilities and/or Programs/Camps and release from any and all liability of cause of action, the City of Virginia Beach, its employees, agents and volunteers. I hereby provide my consent for Virginia Beach Parks & Recreation to use photographs, videos and/or interviews with me and/or my child(ren) in connection with publicizing or promoting the City of Virginia Beach, its services, or departments and agencies. I understand that there will be no remuneration for such use. Check the type of coverage the player has: School Insurance Service Dependent Other(Specify): Expectations of Appropriate Conduct I, the undersigned parent/guardian, realize that this is a program for the children that focuses on fun, learning, and skill development. As such, the City of Virginia Beach expects that I (and my guests) will behave appropriately at all practices, games, team and league functions. I also realize that failing to do so will jeopardize my continued attendance/participation.				
Release in Accordance with the Virginia Privacy Act I hereby give permission for Sports Management to release my phone number and/or address to the coach or Area Chair for any reason connected with my child's participation in Community Athletic Leagues. Please withhold my information from the coach or Area Chair.				
Parent/Guardian's Signature:*		Date Signed:		
*Wet (pen to paper) or DocuSign® signat	ures only. Others will not be accepted.			
Coach Verification By signing below, I certify the information	on on this card is true and correct.			
Coach's Signature:*		Date Signe	ed:	Coach's Phone:
*Wet (pen to paper) or DocuSign® signat	tures only. Others will not be accepted.			
Sports Management staff use on	ily:			
Date Received: Staff Signature:				
Notes:				

Please return this contract to:

Sports Management Princess Anne Athletic Complex 4001 Dam Neck Road Virginia Beach, VA 23456 For more information:

Phone: 757-385-0458
Email: cwathletics@VBgov.com
Web: RECSPORTSVB.COM

