

Richmond PAL Biddy Basketball  
Recreation Sports Contract & Waiver

Child's Birth Name \_\_\_\_\_  
Parent's/Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
City Resident or County Resident \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
Emergency Contact Person Name \_\_\_\_\_  
Emergency Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male Female  
Birth Certificate # \_\_\_\_\_  
School \_\_\_\_\_  
Did your child play last season? Y N  
Coach? \_\_\_\_\_  
*I am willing to be a/an (circle your response):* Coach Assistant Coach Team Parent  
(help organize snacks, etc.)  
\*\*Email address(s) to contact coaches and assistant coaches  
\_\_\_\_\_

**REGULATIONS:**

To be eligible to play recreation sports, a participant and his/her parent or guardian must completely fill out and properly sign this form attesting that the participant is physically fit for athletic competition and that the parent or guardian consents to such participation. A Child must be between 5 and 7 years and can not turn 8 before Feb. 1<sup>st</sup>. A physical medical examination, while not compulsory, is highly recommended prior to participating in any department sponsored recreation sport program. Accident insurance is recommended for all participants in any department sponsored recreation sport program and it is the responsibility of the parent/guardian to provide such insurance.

**PARTICIPATION CONTRACT:**

We hereby verify that the above information is true and correct, and that \_\_\_\_\_  
(**participant's name**) is physically fit for athletic competition/participation. We understand that any false information will result in the loss of center privileges and immediate suspension from the recreation sport noted below for the remainder of the season. The participant agrees to comply with the rules and regulations for the recreation sport, recreation facilities and activities as established by the Department of Recreation and Parks and the Richmond PAL.

**PARENTAL CONSENT AND WAIVER:**

I hereby consent to and approve of the above named child participating in the sport of \_\_\_\_\_  
\_\_\_\_\_. I understand the risks associated with participating in this sport and hereby waive, for myself and the above named child, any and all claims, demands and right of action against the City of Richmond, Richmond PAL, City employees, coaches and officials of the league for any injury or accident which may occur to the said child as a result of participating in this sport.

\***Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

FEE PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ STAFF INITIAL \_\_\_\_\_ RCPT. # \_\_\_\_\_  
SHIRT SIZE: (Y) SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_  
(A) SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_