

Alleghany County Parks and Recreation
Registration: Health History/Medical Release

Participants Name _____	Activity _____	
Date _____		
Street Address _____	School _____	
City, State, Zip _____	T-Shirt/Jersey Size _____	
Parent's Name _____		
Home Phone _____	Work Phone _____	Cell Phone _____
Elementary School last attended _____		Current grade _____

WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU WILL PROVIDE MAY ASSIST PEOPLE IN THE EVENT OF AN ACCIDENT. THEREFORE, BEFORE YOU FILL THIS FORM OUT, PLEASE READ IT CAREFULLY; FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.

<p>Please list all information regarding the following:</p> <p>Gender: Male ___ Female ___ Age ___ Birthday _____</p> <p>Height _____ Weight _____</p> <p>Are you under treatment for any illness or condition? _____ If yes please explain _____</p> <p>Are you currently taking any medication? _____ If so, please describe _____</p> <p>_____</p> <p>Do you have any allergies to medications? _____ If so, Please describe _____</p> <p>_____</p> <p>Do you have any allergies? _____ If so please describe _____</p> <p>_____</p> <p>Are you allergic to bee stings or other insect bites? _____</p> <p>Are you diabetic? _____ Please explain anything more about this condition _____</p> <p>_____</p> <p>Do you have asthma? _____ Do you carry an inhaler? _____ Please explain anything more about this condition _____</p> <p>Do you have any past injuries? _____ If so, please name and describe _____</p> <p>Have you ever had an injury or sickness related to cold or hot weather? _____ If yes. Please describe _____</p> <p>_____</p> <p>Do you have any history of heart problems? _____ If so, please describe _____</p> <p>_____</p> <p>Have you ever undergone surgery? _____ if so, please describe the procedure _____</p> <p>_____</p> <p>Please list any dietary restrictions _____</p> <p>Do you wear glasses or contact lenses? _____</p> <p>List any physical limitations you may have _____</p> <p>_____</p>
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IN CASE OF EMERGENCY

Contact person (other than parent) _____	Relationship _____	
Address _____		
Home Phone _____	Work Phone _____	Cell Phone _____

The coaches have permission to provide medical assistance as needed for my child for any injuries that may occur during practice and/or games. This includes administering minor first aid, procuring First Aid Squads or physicians, and/or the transporting of my child to an appropriate medical provider.

Parent's/Legal Guardian's signature _____ Date _____

Parent and Child Code of Ethics

These Codes of Conduct define the expectations for anyone attending or participating in a youth sporting event. The conduct codes have been put into place to protect all children from physical, emotional, or social abuse that can be perpetrated against them by adults in youth sports.

All parents and players are required to read and sign the code of ethics for each sport your child participates in. Any player or parent not complying with the leagues rules or code of ethics will be required to attend the PAYS (Parents Association for Youth Sports) program provided by Alleghany County Parks & Recreation at a cost of \$15 (which will be paid for by the violator). The individual may also receive additional penalties based on the guidelines of Alleghany County's No Tolerance Policy.

PARENTS CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will not yell or degrade my team or the other teams players, coaches, fans or officials.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will insist that my child's coach abide by the All Play Rule to give all players the opportunity to participate.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- 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 from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for our youth & not 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.

Parent/Guardian (Print)

Parent/Guardian Signature

Player Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my teammates and other players participating in youth sports program:

- I will encourage good sportsmanship by demonstrating positive attitude and respect for all players, coaches, and officials at every game, practice or other youth sports event.
- I will not yell or degrade my teammates or the other teams players, coaches, fans or officials.
- I will place the sportsmanship ahead of my personal desire to win.
- I will insist that I play in a safe and healthy environment.
- I will insist that my coach abide by the All Play Rule to give all players the opportunity to participate.
- I will request that my coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with me, in order to encourage a positive and enjoyable experience for all.
- I will support my coaching staff by trying to attend all games and practices.
- I will demand a sports environment free from drugs, tobacco and alcohol and will refrain from them.
- I will remember that the game is for me and not my coach, parents or other adults.
- I will do my very best to make my youth sports experience FUN!!.
- I will treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I understand that if I do not conduct myself in a positive and supportive manner that I will be held accountable under the Conduct Rules and Regulation outlined in the no tolerance policy.

Players Name/Please Print

Date

Assumption of Risk

And

Indemnification Agreement

I, the undersigned, do hereby agree to participate in or allow the individual named herein to participate in the programs through the Alleghany County Parks and Recreation Department. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. With regard to the activity to which this form applies, nothing shall be construed to grant an expressed or implied warranty of safety. I further understand that Alleghany County, Bath County, City of Covington, Town of Clifton Forge, their officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons conducting this program. Alleghany County recommends that participants secure adequate medical insurance to cover any injury that may arise from participation in Alleghany County's recreation programs.

I also agree to accept responsibility for financial reimbursement to the Alleghany County, Covington, Bath County, and Clifton Forge Departments of Parks and Recreation for all articles of equipment and uniforms not returned to the designated location of each Recreation Department. I understand that my child will not be allowed to participate in any other Recreation Department sponsored programs until such time as said equipment is either returned or paid for.

I further understand that my child must abide by the by-laws as set forth by the Alleghany County Department of Parks and Recreation and his/her coach/sponsor and that the coach/sponsor has the right to take disciplinary action as described in the by-laws if my child fails to do so.

Parent Signature: _____

Date: _____

Participant Signature: _____

Date: _____

In accordance with section 8.01-40 of the Code of Virginia, I hereby give permission to be photographed during programs through Alleghany County Parks and Recreation Department. I also give the department permission to use or distribute such photographs and identification.

Must Check Yes or No _____ **YES** _____ **NO**