Orange County Parks & Recreation
Youth Sports

Return forms to:
OCPR, 146 Madison Rd, Suite 205
Orange, VA 22960

Sport (please circle) Wrestling Baseball Softball Basketball Football Cheerleading Field Hockey Volleyball Soccer

Name _____ Birth Date _____
Home Phone _____ Day Phone _____
Street Address _____
Mailing Address (if different) _____
City/Town _____ Zip Code _____
Family E Mail Address _____
Emergency Contact _____ Phone _____
School _____ Grade _____ Have you played this sport before? Yes No
Height _____ Weight _____ Male _____ Female _____

Shirt Size:	YS	YM	YL	AS	AM	AL	AXL	AXXL
Pant Size:	YS	YM	YL	AS	AM	AL	AXL	AXXL

Please note any special medical conditions or known allergies that you would want medical professionals to be aware of in the event of an emergency:

_____

Payment Plans are available upon request, $10 required, payment plans must be completed by the end of the season.
Refund Policy: all requests for refunds must be submitted in writing and will take 4-6 weeks to generate from the Finance Dept. Requests for refunds after tryouts, team assignments or starting date will result in a 50% credit only. Any request for refund after games begin will NOT be honored. Requests to change sports, teams and/or coaches will result in a $5 administration fee.

Checks Payable to: OCPR

I am willing to help: Coach _____ Asst Coach _____ Concession _____ Other _____ Referee _____

RELEASE: In the event of an emergency, I give my permission for my child to be treated with emergency care. In consideration of your accepting this entry, myself, my child, my heirs, executors and administrators, waiver and release any and all rights & claims for damages I or my child have against Orange County Parks & Recreation, it's representatives, successors and assigns all risks and hazards incidental to such participation including transportation to & from activities; especially if transportation is provided by someone else. I further agree that I am responsible for my (and my child's) actions and behavior while at games and practices. In addition, I agree that I am responsible for the return of any equipment issued to my child ~ upon request or at the end of the season. If I fail to do so, I will be held liable for the cost incurred to replace the equipment. I also understand that I am responsible for replacing and repairing any damages which may occur to facilities and equipment, especially during unauthorized use or activities. I also acknowledge that pictures and digital images of myself/my child my be used by Orange County Parks & Recreation for promotional purposes. I understand that upon acceptance of this registration form, I am responsible for payment of all program fees and any penalty's incurred.

Parent Name (Printed)_____ Date _____

Parent Signature _____

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For office use: Amount Due _____ EB _____ Total Paid _____ Payment Plan ____ Amount to PP _____
Division _____ Cash _____ Check # _____ CM _____ Receipt # _____ Date Rcvd _____ Rcvd by
League Age _____ AA _____ RS _____ D _____ Team Assignment _____