

# Town of Cape Charles Youth Sports Program Registration

Please complete and return to the Cape Charles Recreational Coordinator.  
Fees are due at the time of registration. No registrations will be accepted without payment.

Adult/Guardian Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell _____ Work _____
Email _____

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sport \_\_\_\_\_ Grade in School \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Please list any medical problems or allergies:

\*Please also inform the recreational coordinator of these problems prior to the first event.

Emergency Contact _____
Relationship _____
Home Phone _____
Cell _____ Work _____

## Liability Release

By my signature below, I represent that I am the parent or legal guardian of the child being enrolled in activities provided by the Town of Cape Charles Recreation Department. I hold the Town of Cape Charles and its employees to include volunteers harmless from any and all liability for damages or harm to my child arising from his or her participation in recreational activities. I acknowledge that under Virginia law, the Town, its agencies, and to a lesser extent, its employees are immune from liability arising from legal suits based on tortuous injury. Finally, I acknowledge I have been advised

to carry my own insurance for my child while he or she participates in the Recreational activities. Should I not have insurance, I will need to indicate this below.

Insurance (Check one of the following statements)

\_\_\_\_\_ I have insurance for my child while he or she participates in Recreational activities.

\_\_\_\_\_ I do not have insurance to cover my child while he or she participates in the Recreational activities.

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Participant Signature

Printed Name

Date

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Parent/ Guardian Signature (participants under 18)

Date