



# DEPARTMENT OF SPORTS, PARKS & RECREATION REGISTRATION FORM



St. Thomas: (340) 774-0255 • St. John (340) 776-6531 • St. Croix: (340) 773-0160

The Registration Form must be completed in full, signed and returned before the program's start date or child's participation will not be allowed. Please complete this form in ink. Thank you for your cooperation.

## PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ (Circle Gender) Male Female

Date of Birth: \_\_\_\_\_  
 (Month) (Date) (Year)

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

<b>T-shirt Size:</b> (Please circle T-shirt size)	Youth 6-8	Youth 10-12	Youth 14-16		
	Adult Small	Adult Medium	Adult XL	Adult XXL	Adult XXXL

## CONTACT INFORMATION

Mother/Guardian's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

<b>EMERGENCY CONTACT</b>	Name: _____	Relationship to Participant: _____
	Home: _____	Work: _____ Cell: _____

## ATHLETIC PROGRAM REGISTRATION

- (Please check all that apply)
- Family Fitness     Senior Program
  - Martial Arts        Softball/Clinic
  - Flag Football      Basketball/Clinic
  - Weight Lifting     Baseball/Clinic
  - Dance/Gymnastics

**"RUGRATS" FIRST STEP PROGRAM CHOOSE 1 OR 4 OUT OF 6 FOR PACKAGE DEAL**  
(Ages 3 to 5yrs.)

- Tball/La Leche     Martial Arts     Gymnastics/Dance
- Track/Field        Flag Football    Soccer (St. Croix only)
- Basketball (St. Croix only)

## MEDIA AUTHORIZATION AND RELEASE

I \_\_\_\_\_, as parent/guardian permit the Department of Sports, Parks, and Recreation (DSPR) to use and publish photographs and/or videotapes of my child \_\_\_\_\_ for purposes of presenting recreation activities to the community and promoting the recreation program to prospective clients and/or program participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program.

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

<b>DEPARTMENT USE ONLY</b>	
Amount Received: \$ _____	Date Received: _____
Payment tendered: ( ) Cash ( ) Money Order	Money Order No.: _____
Employee Signature: _____	

## CODE OF CONDUCT

The Department of Sports, Parks, and Recreation (DSPR) encourages a safe and healthy atmosphere by supporting an environment free from: Drugs or Alcohol, Violence, Intimidation, or Harassment, Gambling or Solicitation, Profanity, or Abusive Language, Vandalism or Property Damage. This code of conduct applies to all participants, spectators, visitors, facility users, organizations or groups, staff and volunteers in any and all DSPR Activities, Programs, Field and Facility Uses. Violation of this Code of Conduct may result in disciplinary action up to and including immediate and permanent expulsion from DSPR programs, cancellation of any facilities or field reservations, forfeiture of any and all fees, and financial or other restitution for any damage. Acts conducted by a minor are the responsibility of the parent or guardian. I \_\_\_\_\_ as parent/guardian of \_\_\_\_\_, a minor, has read and agree to abide by the Department of Sports, Parks, and Recreation Code of Conduct and accept responsibility for any acts on behalf of my child in violation of this code.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE \_\_\_\_\_

## GENERAL WAIVER & RELEASE – IMPORTANT INFORMATION

The Department of Sports, Parks, and Recreation (DSPR) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. DSPR continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. I \_\_\_\_\_, as parent/guardian am solely responsible for determining if my minor child, \_\_\_\_\_ is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

## WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, premises defect, and all other circumstances inherent to recreational activities/programs exists. In this regard, it must be recognized that it is impossible for DSPR to guarantee absolute safety. I have read and understand the above Warning of Risk.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE \_\_\_\_\_

## WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your minor child might sustain as a result of participating in any and all activities connected with and associated with this program /activity (including transportation services, when provided). I \_\_\_\_\_, as parent/ guardian recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child,

\_\_\_\_\_, may sustain as a result of said participation. In the event of an emergency, I authorize the Department officials to secure from any licensed hospital physician, and /or medical personnel any treatment deemed necessary for my minor child's immediate care. Parents/guardians of minor participants are solely responsible for any and all expenses associated with emergency medical treatment, including but not limited to, transportation services to the nearest available medical facility/provider or to an alternative medical facility/provider requested by the participant or parent/guardian. I further agree to waive and relinquish all claims I or my minor child may have (or accrue to me or my child) as a result of participating in this program/activity against the Department of Sports, Parks, and Recreation, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as the Department of Sports, Parks, and Recreation). I do hereby fully release and forever discharge the Department of Sports, Parks, and Recreation from any and all claims for injuries, damages or loss that my minor child/ or I may have or which may accrue to me or my minor child, arising out of, connected with, or in any way associated with this program/ activity.

I have read and fully understand the above (code of conduct, general waiver & release, warning of risk, waiver & release of all claims and assumption of risk) I further attest that I have read the above to my minor child.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE \_\_\_\_\_