

Middlesex County Parks and Recreation
 2025 Youth Summer League Basketball (Boys and Girls, Ages 8-15)

REGISTRATION DEADLINE IS MAY 24, 2025

\$30.00 First Player \$15.00 Additional for Second Player
 \$10.00 for each additional player after 2 in the SAME HOUSEHOLD

<u>CHILD'S NAME</u>	<u>D.O.B.</u>	<u>GENDER</u>	<u>T-SHIRT SIZE</u>

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

ALLERGIES/SPECIAL HEALTH CONSIDERATION: _____

I HEREBY AGREE TO ALLOW MY CHILD(REN) TO PARTICIPATE IN THE MIDDLESEX COUNTY PARKS & RECREATION YOUTH BASKETBALL AND UNDERSTAND THAT NO MEDICAL INSURANCE COVERAGE WILL BE PROVIDED BY MPR.

IN AGREEING TO PARTICIPATE IN THE PROGRAM, AS A PARENT/GUARDIAN OF A PARTICIPANT, I AND/OR THE PARTICIPANT DO HEREBY AFFIRM THAT THE GENERAL HEALTH OF THE PARTICIPANT IS GOOD AND THAT PARTICIPANT IS CAPABLE OF PERFORMING AN ACTIVITY OF THIS NATURE.

IN CONSIDERATION OF PARTICIPATING IN THIS ACTIVITY, I AND /OR THE PARTICIPANT DO HEREBY ASSUME ALL RISK OF ANY INJURY TO THE PARTICIPANT AND WILL INDEMNIFY AND HOLD HARMLESS, FROM ANY AND ALL LIABILITY ACTION, CAUSE OF ACTIONS, CLAIMS AND DEMANDS OF EVERY KIND OF NATURE WHATSOEVER THAT I AND/OR THE PARTICIPANT HAVE OR WHICH MIGHT ARISE IN CONNECTION WITH MY PARTICIPANT IN THIS ACTIVITY, THE MPR YOUTH BASKETBALL AND ALL LEAGUE OFFICIALS, COACHES, AND VOLUNTEERS.

I ALSO AGREE TO ALLOW TRANSPORTATION OF THE PARTICIPANT TO THE NEAREST PHYSICAL HOSPITAL FOR MEDICAL TREATMENT, IF NECESSARY, AND AGREE TO ALLOW FOR IMMEDIATE FIRST AID TO THE INJURED PARTICIPANT WHEN DEEMED NECESSARY.

I AUTHORIZE ALL MEDICAL AND SURGICAL TREATMENT, X-RAY, LABORATORY, ANESTHESIA, AND/OR OTHER MEDICAL AND/OR HOSPITAL PROCEDURES THAT MAY BE PERFORMED OR PRESCRIBED BY THE ATTENDING PHYSICIAN AND/OR PARAMEDICS FOR MY CHILD AND WAVE MY RIGHTS TO INFORMED CONSENT OF TREATMENT IN MY ABSENCE. THIS WAIVER APPLIES ONLY IN THE EVENT THAT NEITHER PARENT/GUARDIAN CAN BE REACHED IN THE CASE OF EMERGENCY.

ALL CDC GUIDELINES AND PROTOCOLS WILL BE FOLLOWED!

PARENT/GUARDIAN: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

TOTAL: _____ PAID: _____

**MAKE CHECKS PAYABLE TO MPR AND MAIL TO:
 MIDDLESEX COUNTY PARKS & RECREATION
 C/O KAREN REED
 P.O. BOX 428 - SALUDA, VA 23149**