

Form must be filled out and returned/mailed to the Carroll County Recreation Office by the program registration deadline along with full payment to be registered for said program.

Carroll County Parks & Recreation  
Participant Registration  
129 Ballpark Drive  
Hillsville, VA 24343  
276-730-3191

Registration Fee \$ 25.00  
Amount Paid \$ \_\_\_\_\_  
Cash/Check # \_\_\_\_\_  
By: \_\_\_\_\_

Check if interested in coaching

Check if interested in officiating

Check if a Carroll County Resident

Check if Non- Carroll County Resident

**PLEASE PRINT**

Program/Sport				Email			
Participant's Full Name					Name Used or Nickname		
Birth Date (mm/dd/yy)				Gender			
Physical Address				City		State	Zip
Mailing Address				City		State	Zip
School				Grade			Age
Parent/Guardian				Contact Phone #			
Parent/Guardian				Contact Phone #			
Physician Name				Phone #			
Health Insurance Company				Policy #			

**Medical Release**

I understand that participation in this activity may be, by nature, physically demanding. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or others who might depend on them.

- Has your doctor ever limited your physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have a heart condition? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you feel pain in your chest when you do physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_
- In the past month, have you had chest pain when you were not doing physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you lose your balance because of dizziness or do you ever lose consciousness? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have a bone or joint problem that could be made worse by physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is your doctor currently prescribing drugs for blood pressure or a heart condition? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you know of any other reasons why you should not do physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_
- List any allergies, special conditions, medicines, ect. \_\_\_\_\_

If you answered yes to any of the above questions you will need to provide Carroll County Parks and Recreation (hereinafter collectively referred to as "County") with a doctor's release prior to participating in any physical activity. I have noted above any medical or physical conditions which might affect my activities and understand the nature of the physical demands of this activity. In the event I am unable to give medical authorization in an emergency, I hereby give my permission for the County staff to seek appropriate medical attention for me or my minor child should I be unable to authorize it myself. I therefore release any and all rights or claims for damages against the County and all individuals assisting in instructing and conducting these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with, these activities.

**Carroll County Parks & Recreation Code of Conduct**

Carroll County Parks & Recreation Department has adopted a "Zero Tolerance Policy" for all coaches, participants, spectators, and other persons. Profanity, fighting, heckling, abusive language, disrespect, threats, and alcohol will not be tolerated. Violators will be subject to suspension from all Carroll County Parks and Recreation Department sponsored activities and facilities. Carroll County Parks and Recreation Department programs and facilities are designed to offer leisure activities for families, groups, and individuals of all ages with diversified interests. Sporting events are provided by the department as opportunities for friendly competition while promoting a spirit of sportsmanship among participants and a pleasant environment for spectators. Participants, coaches, managers, team representatives, and spectators are expected to conduct themselves in a sportsmanlike manner, before, during, and after an event.

**OFFENSES AND PENALTIES**

Designated team representatives/coaches are responsible for the conduct of themselves, team members, and appropriate representatives at all times.

**Conduct.** Conduct which may be interpreted by a staff person or game official as threatening to the administration or control of the contest, including constant complaining, heckling, aggressive language, and bickering will result in immediate ejection from the contest and playing facilities for an amount of time deemed necessary.

**Abusive Language.** No person involved in any Carroll County Parks and Recreation Department activity or facility will be allowed to use profane, vulgar, excessively loud, or abusive language. Failure to comply will result in immediate ejection from the contest and playing facility for an amount of time deemed necessary.

**Alcoholic Beverages.** Alcoholic beverages will not be allowed on Carroll County Property at any time! No person having the discernible odor of alcohol about his/her person will be allowed at Carroll County Parks and Recreation Department sponsored activities and events. Failure to comply will result in immediate ejection from the contest and removal from the premises for an amount of time deemed necessary.

**Fighting.** Fighting in any form by any person involved in any Carroll County Parks and Recreation Department activity or facility will not be tolerated. Fighting shall be defined as "an act or attempted act of violence by one person towards any other person, including physical abuse and thrown objects."

**PENALTIES**

**Minimum Penalty:** Ejection from current game and suspension for one/two games(s). Placed on probation for the remainder of the season.

**Maximum Penalty:** Suspension for one year from ALL activities offered by the Carroll County Parks & Recreation Department. Individual must request to be reinstated following one year of suspension. Expulsion to be determined by Carroll County Recreation Commission.

**Probation:** Any participant who violates any of the above conduct rules while on probation shall be subject to suspension for one to five years.

**WAIVER AND RELEASE OF LIABILITY, EXPRESS ASSUMPTION OF RISK, INDEMNITY, HOLD HARMLESS AND VOLUNTARY CONSENT AGREEMENT**

**THIS AGREEMENT MUST BE CAREFULLY READ AND SIGNED AS A CONDITION TO AND IN CONSIDERATION OF** my ability to participate, provide services for, conduct, prepare for or participate in any activities leading up to or related to, or otherwise attend or be present at Carroll County Parks and Recreation events (the "Events")(and collectively, the "Activities"). **I UNDERSTAND THAT I AM NOT OBLIGATED TO PARTICIPATE IN EVENTS OR ACTIVITIES. I ALSO UNDERSTAND THAT BY SIGNING THIS AGREEMENT AND PARTICIPATING IN EVENTS /ACTIVITIES THAT I AM AGREEING TO WAIVE CERTAIN RIGHTS.**

**AFTER HAVING FULLY READ THIS AGREEMENT,** I, on behalf of myself, my personal representative, heirs, and next of kin hereby:

**EXPRESS ASSUMPTION OF RISK:** I hereby acknowledge and understand that the World Health Organization has declared COVID-19 a worldwide pandemic. COVID-19 is extremely contagious. Based on currently available information and clinical expertise, older adults and people of any age who have certain underlying medical conditions have a higher risk for severe illness from COVID-19. There have been preventative measures put in place to reduce the spread of COVID-19; however, **RELEASEES** (defined below) **CANNOT GUARANTEE** that I will not become exposed to or infected with COVID-19, despite reasonable efforts to mitigate such dangers. Furthermore, if I become infected with COVID-19, I may expose others to the risk of infection. Activities could increase my and other's risk of contracting COVID-19. By signing this Agreement, I acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected with COVID-19 from the Activities, and that such exposure or infection may involve the **RISK OF COVID-19, SERIOUS INJURY, ILLNESS, PERMANENT DISABILITY AND/OR DEATH TO MYSELF OR OTHERS.** I understand that the risk of becoming exposed to or infected with COVID-19 by my participation in the Activities may result from the actions, omissions, or negligence of others and/or me, including, but not limited to, the **RELEASEES** (as defined below). **I EXPRESSLY AGREE, COVENANT, AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITY AND RISKS FOR INJURY, DEATH, ILLNESS, OR DISEASE, OR DAMAGE TO MYSELF, TO OTHERS OR TO PERSONAL PROPERTY OF MINE OR OTHERS ARISING FROM MY PARTICIPATION IN THE ACTIVITIES OR EVENT** or my presence at a Carroll County Parks and Recreation Activity or Event. I hereby expressly assume all such risks and dangers whether presently known or unknown.

**WAIVER AND RELEASE:** I hereby **RELEASE, WAIVE, AND FOREVER DISCHARGE,** Carroll County Parks and Recreation and the Carroll County Commission, and, with respect to all of the foregoing entities, each of their Boards, Board members, employees, independent contractors, insurers, agents, and all other persons or entities participating or involved in the Events (hereinafter collectively, the "RELEASEES"), from any and all actions, causes of action, claims, suits, losses, costs, expenses, damages, covenants, agreements, commitments, undertakings, promises, liabilities, obligations, lawsuits, judgments, orders and demands whatsoever, in law, at equity or otherwise, of whatever kind or nature, whether known or unknown, suspected or unsuspected, asserted, accrued, unaccrued, actual, contingent, or otherwise, direct or indirect and whether or not concealed or hidden arising out of, on account of or relating to any **ILLNESS, INJURY OR DEATH** of myself or others arising out of or related to any of the Activities (hereinafter, the "RELEASED CLAIMS"). I covenant that I shall not directly or indirectly, bring, commence, institute, maintain, prosecute, aid or fund in any way any action of any kind or otherwise assert against any of the **RELEASEES** anywhere in the world any Released Claim.

**INDEMNITY AND HOLD HARMLESS:** I hereby agree to **DEFEND, INDEMNIFY AND HOLD HARMLESS,** to the fullest extent permitted by law, the **RELEASEES** from losses, liabilities, obligations, claims, damages, settlements, injunctions, suits, actions, proceedings, demands, charges, fines, penalties, costs and expenses of every kind and nature, including reasonable fees, expenses and disbursements of attorneys, accountants and other professionals imposed upon, asserted against or incurred by any **RELEASEE** in connection with, arising out of or relating to (i) any Released Claim, (ii) my Activities, or (iii) transmitting or exposing COVID-19 to others; and in each of (i), (ii) and (iii), whether caused by the ordinary negligence of the **RELEASEES** or otherwise and including and/or arising out of my improper and/or tortious conduct in connection therewith. By participating in the Activities I agree that if I am injured for any reason, I shall be solely responsible for my injuries, medical expenses or any other losses of any kind whatsoever. I hereby give my permission for RELEASEES to seek appropriate medical attention for me should I be unable to authorize it myself. Also, I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and RELEASEES will not be responsible for any related expenses.

**INFORMED CONSENT AND VOLUNTARY PARTICIPATION:** I fully acknowledge and understand that COVID-19 is extremely contagious. I have taken it upon myself to be fully informed of the numerous risks and potential dangers associated with COVID-19, including **SUFFERING SEVERE ILLNESS, PERSONAL INJURY OR DEATH AND EXPOSING OTHERS TO COVID-19.** I acknowledge that I have been informed that my **PERSONAL SAFETY CANNOT BE GUARANTEED.** **I acknowledge that my participation in the Activities is completely voluntary, and I believe that the potential benefits of participation and/or services provided outweigh the risk and danger associated with COVID-19 or otherwise.**

I **acknowledge that it is my responsibility to do all of the following:** (1) exercise caution and follow any CDC or OSHA issued protocols to protect my health; (2) cease any activity and promptly report any physical discomfort, illness or complications while participating in any Activity; and (3) clear my participation in any Activity with my personal physician. I also agree, represent and warrant that I will not participate in any Activity if I (or any member of my household) (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) have/has a suspected or diagnosed/confirmed case of COVID-19.

**I acknowledge that THIS AGREEMENT IS INTENDED TO BE FULLY SEVERABLE,** and that if any portion of this Agreement is held invalid, it is agreed that the balance the Agreement shall continue in full legal force and effect. That shall include modifying the Agreement to allow the remainder of claims to be waived, released, and indemnified against in the event that the inclusion of any particular type of claim is found to be invalid or contrary to public policy.

I hereby accept all terms set forth herein and acknowledges this is the complete agreement between the parties regarding these issues, and I agree and acknowledge that **NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE BEEN MADE APART FROM THIS AGREEMENT. I HAVE COMPLETELY READ THIS ENTIRE AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT THIS IS AN IMPORTANT LEGAL DOCUMENT AFFECTING SUBSTANTIAL LEGAL RIGHTS. I SIGN THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.** I was given ample opportunity to read the Agreement and/or have it reviewed by legal counsel of my choice. I was also offered a copy of this Agreement. This Agreement shall be governed by the laws of West Virginia except with respect to its conflict of laws principles. This Agreement is in addition to, and not a substitution for any other waiver, release, assumption of risk, or similar agreement executed by me which covers the Event or Activities.

*By signing below, the participant and/or guardian of the youth registered on this form agree to all the terms and penalties stated on this registration form.*

Signature of Legal Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_