

# Cumberland County Recreation Department



BASEBALL



FOOTBALL



CHEERLEADER



SOCCER



SOFTBALL



TEE-BALL



BASKETBALL

## JAMES RIVER/SOUTHSIDE LEAGUE REGISTRATION FORM

BASEBALL       SOFTBALL       TEE-BALL       BASKETBALL  
 FOOTBALL       CHEERING       SOCCER

**BIRTH CERTIFICATES ARE REQUIRED BEFORE FIRST DAY OF PRACTICE**  
**A SPORTS PHYSICAL MAY BE REQUIRED**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Uniform (shirt/jersey) size: *(Circle One)*       YS       YM       YL       AS       AM       AL       AXL  
*(YS – Youth Small, YM – Youth Medium, YL – Youth Large, AS – Adult Small, AM – Adult Medium, AL – Adult Large, AXL – Adult X-Large)*  
 Uniform (pants/skirt) size: *(Circle One)*       YS       YM       YL       AS       AM       AL       AXL  
*(YS – Youth Small, YM – Youth Medium, YL – Youth Large, AS – Adult Small, AM – Adult Medium, AL – Adult Large, AXL – Adult X-Large)*

Have you ever played this sport before?  If so, what team did you play for last season \_\_\_\_\_

**A registration fee (\*) of \$50.00 (football/soccer/baseball/softball) and \$45 (tee-ball/cheering/basketball) for each player must be paid before any uniforms are issued.**

(\*) = REGISTRATION FEES ARE SUBJECT TO CHANGE

\*\*\*\*\* **THERE WILL BE A \$25 FEE FOR ALL RETURNED CHECKS.** \*\*\*\*\*

Parents & Guardians: Please volunteer to help in one or more of the following areas:

**Please check at least One (Your Help is Critical to our Success)**

Coach (If I volunteer as a coach, I agree to attend any necessary training and to submit to a background check)

Team Parent      Concession Stand       Chain Crew

Team Sponsor      Company & Contact Information \_\_\_\_\_

Donation      Amount: \_\_\_\_\_ (Donations are gratefully accepted)

Does the player have medical insurance?  Yes (please provide insurance info on attached sheet)  No

I, as the parent/legal guardian of the above FOOTBALL/SOCCER/CHEERLEADER/BASEBALL/SOFTBALL/BASKETBALL/TEE-BALL player do hereby give my approval to their participation in any and all activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities when necessary; and I do hereby waive release, absolve, indemnify and agree to hold harmless the County of Cumberland, it's officers and employees, and Cumberland County FOOTBALL/SOCCER/CHEERLEADER/TEE-BALL/BASEBALL/SOFTBALL/BASKETBALL players, it's sponsors, managers, and any volunteers connected with this program, for and against any and all liability for any injury/death suffered by me or my child arising out of or in any way connected with participation in the FOOTBALL/SOCCER/CHEERLEADER/BASEBALL/SOFTBALL/TEE-BALL/BASKETBALL program. Also, permission is hereby granted to the Cumberland County Recreation Department to have the above named player taken to the hospital and emergency medical aid administrated as the physician on duty deems necessary. I accept complete financial responsibility for the uniform and equipment, and agree that the uniform and equipment will be returned to the team manager, on the team's last scheduled game of the season, in good condition, allowing for normal wear and tear (if required). As the parent/guardian, I understand the nature of the FOOTBALL/ SOCCER/CHEERLEADER/BASEBALL/SOFTBALL/TEE-BALL/BASKETBALL program, the basic rules under which the program is conducted, and the risks of injury. I state that the above named child has no physical or emotional conditions which would pose danger to themselves or to others through participation in this sports activity.

## Code of Ethics Pledge for Parents

- I will encourage good sportsmanship by demonstrating positive support for all the players, coaches and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support the coaches and officials working with my child to provide a positive, enjoyable experience.
- I will remember that **THE GAME IS FOR THE CHILDREN and NOT THE ADULTS.**
- I will do my best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth sports experience by assisting with coaching, being a respectful fan, and providing transportation or whatever I am capable of doing.
- I hereby pledge to provide positive support, care and encouragement for my child's participation in Youth Sports by following the **NYSCA Code of Ethics.**

(Adopted from the National Youth Sports Coaches Association)

By signing below, I have read, understood and agree to abide by the Cumberland County Recreation Department Code of Ethics. I also acknowledge the information below.

**THERE WILL BE AN ENTRY FEE FOR ALL GAMES (HOME AND AWAY) AND AN ENTRY FEE FOR TOURNAMENTS FOR SEVERAL SPORTS.**  
**YOU ARE NOT ALLOWED TO BRING PERSONAL COOLERS TO HOME OR AWAY GAMES AND TOURNAMENTS FOR SEVERAL SPORTS.**

**CUMBERLAND INSURANCE AS DESIGNATED THROUGH THE JAMES RIVER LEAGUE IS RESPONSIBLE FOR UP TO APPROXIMATELY 80% OF THE MEDICAL BILL IF YOUR CHILD IS COVERED UNDER YOUR FAMILY INSURANCE (BILL MUST BE SUBMITTED WITHIN 30 DAYS AFTER THE DATE OF SERVICE TO BE ELIGIBLE FOR CARRIER PAYMENT). YOUR FAMILY INSURANCE MUST BE FILED BEFORE SUBMITTING TO THE RECREATION DEPARTMENT.**

**IF YOUR CHILD IS NOT COVERED UNDER YOUR FAMILY INSURANCE, IT WILL BE THE DECISION OF THE DESIGNATED INSURANCE CARRIER AS TO WHAT PERCENTAGE OF THE MEDICAL BILL WILL BE PAID, IF ANY.**

Parent/Guardian Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Cumberland County Recreation Director: Keith White (804) 492-9345 or (804) 492-3800, Ext. 1029  
E-mail address: [kwhite@cumberlandcounty.virginia.gov](mailto:kwhite@cumberlandcounty.virginia.gov)

**Do not write below this line**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_

Birth Certificate: Yes / No

Sports Physical Complete: \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Physical: \_\_\_\_\_