



It Starts in Parks

# Parks, Recreation and Community Facilities Adult Sports League Individual Player Registration Form

Circle Activity: Co-Ed Flag Football Co-Ed Touch Football

All registration forms can be returned to:  
700 Blanton Ave. Richmond, VA 23221  
For more information, please call 646-1441.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

City/County: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a City of Richmond Resident? YES NO (Non-City Residents pay and additional \$20)

T-Shirt Size: S M L XL XXI 3XL 4XL 5XL (additional \$3 for XXL- 5XL)

I have read and I understand the Statement of Understanding and the Waiver below. \_\_\_\_\_

Signature

## Statement of Understanding and Waiver

The goals and objectives of this program are to foster, develop, promote and regulate amateur adult sports in Parks, Recreation and Community Facilities. Rules governing all teams are provided to establish a recreational activity that is safe, fair and enjoyable for all registrants.

**WARNING STATEMENT TO PARTICIPANTS, TEAMS AND SPECTATORS:** Although participation in supervised athletics and activities is generally considered safe, and serious injuries are not common, it is impossible to eliminate every risk. To help reduce accidents and injuries, players MUST obey safety rules, report all physical problems to their coaches, follow a proper conditioning program and inspect their own equipment. By registering for this program, you acknowledge that you have read and understand this warning. Those who do not wish to accept the risk should not register or participate.

**INSURANCE/INJURIES:** The City of Richmond carries no insurance for players, spectators or game officials. The Emergency Medical Service will be called for all medical emergencies. Individuals are responsible for all charges resulting from a medical emergency. Teams are responsible for any first-aid equipment at game sites. Teams are encouraged to keep a list of insurance numbers for team members in case of an emergency.

**AGE:** PR&CF offers programs for all ability levels and age groups. To ensure safety and uniformity within our programs, we have established strict age limits for adult activities:

Adult: Persons 21 years (within current calendar year) and older

\*In addition, an adult may only participate in sports that are designed specifically for his/her gender and/or age group.

**SAFETY:** For the protection and safety of all participants, jewelry will not be worn and players will be asked to remove all jewelry prior to the game. If the article cannot be removed, then it must be taped. Any item that an official believes presents a hazard or is potentially dangerous to the player or other participants must be completely covered with no exposed surfaces.

**PHOTOGRAPHY:** By registering in PR&CF activities, you hereby consent to the photographing of you/your team by the City of Richmond PR&CF and/or their agents. Furthermore, you consent to the use of these photographs singularly or in conjunction with photographs or video recordings for PR&CF marketing purposes without compensation.

**FORFEITS:** Forfeits may be declared for one or more of the following infractions:

- Illegal players, e.g., players not on a roster, players using an assumed name or ineligible players.
- Misconduct by players, coaches, spectators, or team representatives before, during or after the contest.
- Failure to submit a legal roster prior to the team's first scheduled game.
- Failure to have the required number of players to play an entire game.
- Team no-shows.

A forfeiting team must pay a **\$20.00 fine** and the officiating fees for both teams to the Special Services Division prior to its next scheduled game. At its next scheduled game, the team will be required to show a receipt to the field supervisor prior to taking the field. No further notification to pay this fine will be given. A team with two forfeits may be dropped from the league without a refund.

**EJECTED PLAYERS:** Our program goals are the pursuit of recreation and fair play, but every season players are ejected and sometimes suspended for the year for unsportsmanlike conduct. Arguing judgment calls with the official will result in ejection from the game.

Unsportsmanlike behavior and profanity will not be tolerated.

- Ejected players will sit-out for the next two scheduled AND played games, in addition to the game from which they were disqualified or ejected. A \$25.00 fine will be imposed upon the player.
- Before an ejected player will be allowed to play again, a "paid" receipt (for the \$25.00 fine) issued by the Special Service Division must be presented to the field supervisor. Failure to pay the fine and/or present a receipt will result in further suspended play. Paying the fine does not negate the two-game suspension.
- If the ejected player does not pay the fine within the two-week time period, the team must assume responsibility for the fine, regardless of whether or not the ejected player is going to continue playing with the team. Failure to pay the fine will result in forfeit and/or other penalties.
- An ejected player may not coach in the game in which he/she has been ejected.
- **During the two-game suspensions, the ejected player may act only as a spectator.**
- Depending upon demeanor and attitude, a disqualified or ejected player may be asked to leave the playing area.
- Depending on the severity of the behavior, players may receive additional penalties.

**WAIVER:** I authorize the Richmond Department of Parks, Recreation and Community Facilities staff and volunteers to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the City of Richmond Department of Parks, Recreation and Community Facilities staff and volunteers from any and all liability and cost associated with the program/class/camp. I further understand that I or my medical insurance carrier will be responsible for any expenses arising from said emergency or treatment.

**FOR ADMINISTRATIVE USE ONLY:** Non-City Resident Fee Paid: \_\_\_ Yes \_\_\_ No

Receipt Number: \_\_\_\_\_ Check/Money Order Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ Final Payment Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_