

# LAKE RIDGE

## ASSOCIATION

12350 Oakwood Drive  
 Lake Ridge, Virginia 22192-1928  
 Local (703) 491-2154  
 Metro (703) 550-9597  
 Fax (703) 497-7145  
 www.lakeridgeva.com

### Youth League Registration Form

**Youth League:**      T-BALL      COACH PITCH      SOCCER      FLAG FOOTBALL      CHEERLEADING  
 (Please Circle)

<b>Participant Name:</b>	
<b>Address (City, State, Zip):</b>	
<b>D.O.B.:</b>	<b>Age (once season starts):</b>

**Participant's T-Shirt Size:**      YS      YM      YL      AS      AM      AL      AXL  
 (Y=Youth | A= Adult)

<b>Parent/Guardian Name:</b>	
<b>Phone #1:</b>	<b>Phone #2:</b>
<b>Email:</b> (please <u>write legibly</u> and clearly indicate dashes or underscores—team info will be sent here)	
<b>Emergency Contact:</b>	<b>Phone:</b>

If participant has any **disabilities** or **health conditions**, please let recreation staff know at time of registration.

<b>Coach Volunteer Name:</b> (\$25 discount)		
<b>Phone:</b>	<b>Email:</b>	<b>T-Shirt Size:</b>
<b>Have you ever coached before?</b>		<b>With LRPRA?</b>

Total Amount:      \$

**Payment Methods:**

**Mailed registration should include payment by check, payable to "LRPRA", in order to secure registration.** Check, money order or credit/debit card (with 3% processing fee + \$.30) are accepted as payment at the Association office.

**Refund Policy:**

Refunds and changes will **NOT** be granted once registration has **closed**. The program cost minus **\$10.00 processing fee** will be refunded with **formal request** if submitted before close of registration.

**Hold Harmless & Photo Release Agreement:**

I hereby waive, release and hold harmless Lake Ridge Association from any and all damages, actions, claims, or causes of action for any loss, damage, or injury suffered by guests, my invitees, or me during participation in this program. I also attest that participant is physically fit and in good health to participate. By signing below, I confirm that I have read and understood the concussion information on the back of this form. In addition, I voluntarily allow Lake Ridge Association to publish any photos of me, my guests or participating family at their events for use in the Lake Ridge Today magazine and on the Association website, [www.lakeridgeva.com](http://www.lakeridgeva.com), to advertise the community atmosphere of the Association.

<b>Parent/Guardian Signature (18+ yrs.):</b>	<b>Date:</b>
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**\*\*NO TEAM REQUESTS\*\***  
 We will not accept Team Requests for **ANY** reason.  
 Teams will be put together at random.

LAKE RIDGE PARKS AND RECREATION ASSOCIATION, INC.

ACKNOWLEDGEMENT, WAIVER & RELEASE

Event/Program: Fall Youth Leagues Date(s) of Effect: August 2021 - October 2021

In consideration of being allowed to enter and use Lake Ridge Parks And Recreation Association, Inc. ("Association") pools, community centers, recreational areas and other Association facilities, ("Association Facilities"), the undersigned, on behalf of themselves and their spouse, children, parents, guardians, heirs and next of kin, acknowledges, appreciates and agrees to use the Association Facilities under the following terms:

1. I understand and acknowledge that using Association Facilities includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. I hereby waive, hold harmless, indemnify, release and forever discharge the Association, its Board of Directors, members, residents, employees and agents ("Releasees") of and from all manner of action and actions, causes and causes of action, suits, damages, claims or obligations, and/or any consequential damages arising out of, or related to, or resulting from my use of the Association Facilities, whether arising from the negligence of Releasees or otherwise, to the fullest extent permitted by law.
3. I **knowingly and freely assume all risks**, both known and unknown, even if arising from the negligence of the Releasees or others and assume full responsibility for my use of Association Facilities.
4. I willingly agree to comply with Association rules and policies concerning use of Association Facilities.
5. I hereby warrant and represent that I will inform the Association within 24 hours if the *participant*, any member of the immediate *household* or any of my *guests* experience the following symptoms of COVID-19 during the span of the Association event/program:
  - a. A fever (100.4 degrees Fahrenheit or higher) or sense having a fever;
  - b. A cough that cannot be attributed to another health condition;
  - c. A shortness of breath that cannot be attributed to another health condition;
  - d. Chills that cannot be attributed to another health condition;
  - e. A sore throat that cannot be attributed to another health condition; or
  - f. Muscle aches that cannot be attributed to another health condition or specific activity.
6. I am strictly responsible for the care and well-being of the following participant who is under the age of 18:

\_\_\_\_\_  
(print name)

and hereby consent to use of the Association Facilities by such persons and incorporate all above-referenced acknowledgments, releases and representations on behalf of each such person.

**WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE THE ASSOCIATION AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ THE AGREEMENT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF THE EFFECT OF THE AGREEMENT.**

**I HAVE READ THIS ACKNOWLEDGEMENT, WAIVER & RELEASE AGREEMENT, FULLY UNDERSTAND THE TERMS OF THE AGREEMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THE AGREEMENT, AND SIGN THE AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Date signed: \_\_\_\_\_ Phone Number: \_\_\_\_\_