

# Team Captain Registration Form

If registering online at [www.iwus.net](http://www.iwus.net) you do not have to fill out this registration form

Or you can complete this registration form and mail to: Isle of Wight County Parks and Recreation  
13036 Nike Park Road  
Carrollton, VA 23314

Team Name: \_\_\_\_\_

Location: Nike Park Field A/Field B

League: **Adult Coed Softball League**

**FOR OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_

( ) Cash \_\_\_\_\_

( ) Check# \_\_\_\_\_

( ) Other \_\_\_\_\_

Receipt# \_\_\_\_\_ Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Team Captain's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male or Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_ I.D. # \_\_\_\_\_ Group # \_\_\_\_\_

Please list any special accommodations that you or your team may need:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How Did You Find Out About Isle of Wight County Parks and Recreation? \_\_\_\_\_

### Photo Waiver

Consent to use photographs: Stating further, I authorize the County of Isle of Wight and its departments to take photographs, audio and video recordings of me and/or my child at any County facility, park or program for publications used in promoting County programs.

SIGNATURE

DATE

### Participant Waiver

I hereby authorize and release Isle of Wight County Parks & Recreation to use the above information in case of emergency. I will not hold the staff, contractors, or representatives responsible for loss of personal property or medical or dental expenses incurred as a result of participation in said activity, including liabilities related to injuries or accidents, expenses or judgments, attorney's fees or court cost except by claims caused by gross negligence or willful misconduct of Isle of Wight County Parks & Recreation staff or its contractors. Furthermore, I give my permission to be transported to the nearest medical facility and have appropriate medical care administered. **This certifies that I am the legal parent or guardian of the child/ and or children listed above.**

SIGNATURE

DATE

By signing above, you are holding yourself responsible for the actions of your team. You are responsible for reading and knowing the by-laws, and explaining them to your team. You must follow the rules according to the Isle of Wight County Parks and Recreation By-Laws and the NSA Rules.