



**MANASSAS PARK 2009-10 WINTER BIDDY BALL PLAYER REGISTRATION**

Child Large

Adult Medium

Adult X-Large

This registration is considered public record and as such may be released under the Virginia Freedom of Information Act (FOIA) unless the parent/guardian specifically requests that this information not be released.

- Yes  
 No, I do not authorize the release of this registration information.

**FAMILY HEALTH/DENTAL INFORMATION:**

Carrier: _____	Group: _____	Policy #: _____
Group#: _____	Group#: _____	ID#: _____
Family Physician Name: _____	Phone: _____	Address: _____
Family Dentist Name: _____	Phone: _____	Address: _____
Allergies (list): _____		
Serious Medical Conditions: _____		

Liability Release. I understand the nature and scope of the above listed class/program. I understand that there are risks and danger associated with the class/program. I understand that it is not the function of the City of Manassas Park, Department of Parks and Recreation, its employees, agents, operators or instructors to guarantee that the safety of participants with respect to activity (s). I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants. In consideration of my (the participant's if under the age of 18 and parent, legal guardian or legal custodian is signing for participant) being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Manassas Park, its employees, agents, operators and instructors from any and all claims, demands, costs, charges and expenses from harm, injury, damage or loss which may be sustained by me (by participant if under the age of 18 and parent, legal guardian or legal custodian is signing for participant) as a result of or related to participation in this activity.

Signature of applicant: _____	Date: _____
Signature of parent/guardian: _____	Date: _____

**Office Use Only**

Birth Certificate Data: \_\_\_\_\_

Physical/Immunization Data: \_\_\_\_\_

Team: _____	Practice: _____	Coach: _____	Number: _____
-------------	-----------------	--------------	---------------

**Payment Information**

**Method of Payment**

Taken by: \_\_\_\_\_  
 (initials)

Date paid in full: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Credit Card  
 Check # \_\_\_\_\_  
 Cash  
 Receipt #: \_\_\_\_\_

