

**The Valley Community Association's  
2023  
RECREATION REGISTRATION FORM**

*\*ALL sections must be completed!*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Receive a free or reduced lunch at school? Yes \_\_\_ No \_\_\_

Ethnicity (Circle Answer): White African American Hispanic Other (specify): \_\_\_\_\_

Home Address: \_\_\_\_\_ City & ZIP Code: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_ Cell Number (s): \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**~MEDICAL INFORMATION~**

Does your child have any health problems or allergies we should be aware of? \_\_\_\_\_

Is your child on any medications? Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_

**~FAMILY CONTACT INFORMATION~**

**Mother's Name:** \_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_

**~YOUTH & PARENT CONTRACT AGREEMENT~**

I, \_\_\_\_\_, agree to be a member of the Valley Community Association's Recreation Program. I agree to abide by the VCA's rules and to listen to and respect VCA Staff Members and their requests and decisions. I agree to respect the VCA equipment and facilities and to treat them with care. I agree to practice good sportsmanship, non-violent conflict resolution, and show respect toward other competitors and participants. I understand that if I violate any of the above stated points, that I will not be allowed to participate in the VCA's Recreation Program and may be asked to leave the premises for a time to be determined by VCA Staff.

\*The VCA is not responsible for any lost or stolen goods or property.

\*The VCA reserves the right to expel a child from the program at any given point for any infraction or behavior issue(s) deemed serious enough by VCA staff without prior warning to the child, parent, or guardian.

\*The VCA reserves the right to inspect bags, purses, or other items brought into the facility as well as the right to ask youth to empty pockets on their clothing if a safety or security risk is suspected by VCA staff without prior warning or notification to parents or guardians.

**My parent/guardian and I are aware of these conditions and we will abide by these rules and by VCA Staff decisions.**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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