

**SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT
YOUTH SPORTS AGE WAIVER FORM**

Youth Sports Waivers only apply to the specific season you are currently registering for.

I, as parent/responsible party, request that my son/daughter/dependent be considered one year older than his/her true age for purposes of youth sports league placement.

I understand that the effect of approval of this request may result in my child/dependent playing with and competing against older, larger, and stronger children and that this may result in a greater risk of injury and/or harm to my child/dependent.

In consideration of accepting the county's approval of my waiver request, I hereby, for myself, and my child/dependent, waive and release any and all rights and claims against the Spotsylvania County Parks and Recreation Department, its agents, employees, and sponsors for any and all injuries, circumstances, and outcomes affecting my child/dependent during the youth sports program specified below, sponsored by the Spotsylvania Parks and Recreation Department.

SPORT: _____ AGE DIVISION REQUESTED: _____

CHILDS NAME: _____

CHILD'S DATE OF BIRTH: _____ / _____ / _____

PARENT'S NAME _____

ADDRESS: _____

TELEPHONE NUMBERS _____ (HOME) _____ (WORK)

PARENT'S SIGNATURE _____ DATE _____

APPROVED BY:

STAFF MEMBER'S SIGNATURE

DATE

Effective July 1, 1999: This waiver form must be submitted with a registration form and payment.

\$5.00 transfer fee will be charged if waiver form is submitted after you have registered.