

A COPY OF BIRTH CERTIFICATE IS REQUIRED

Special Request:

FRANKLIN COUNTY RECREATION DEPARTMENT

Email: fcrd@windstream.net

Phone: 706-384-7275 Fax: 706-384-5185

Name _____ Sports/Activity _____

Age _____ Male _____ Female _____ Birthdate: mm/dd/yyyy _____

Parent or Guardian Name _____ Email Address _____

Street Address _____

City/State/Zip Code _____ Home Phone _____

Work _____ Cell _____ Cell _____

Circle Shirt Size: Youth (XS: 2-4) (S: 6-8) (M: 10-12) (L: 14-16) (XL: 18-20)

Adult (S: 34-36) (M: 38-40) (L: 42-44) (XL: 46-48) (XXL: 50-52)

Health: Excellent Good Fair Poor

Allergies/Disabilities: _____

Emergency Contact (Other than parent):

Name _____ Relationship _____ Phone _____

I understand that my child is registering to participate in a youth league program and the possibility of injury does exist. My approval for my child to participate in this program is hereby given. I do assume all risks and hazards incidental to participation including: transportation to and from activities. I do hereby absolve, waive, release and agree to hold harmless the Recreation Department, the organizers, officials, sponsors, contractors, supervisors, volunteers and participants for any claim arising from injury with the exception of negligence. I give my permission for the appropriate Recreation Department's personnel and volunteer to seek qualified medical treatment for my child in the event of a medical emergency in my absence. I assume all responsibility for insurance on my child. I understand that accident insurance is available for an additional fee.

I wish to purchase the offered insurance: ___ YES or ___ NO If Yes, PLEASE REQUEST AN INSURANCE FORM AND COMPLETE THE APPROPRIATE SECTION OF THE INSURANCE FORM.

Parent/Guardian Signature: _____ Date _____

Would you be will to _____ Coach or _____ assist a sport or activity if needed?

Please do not fill in . . . For Office Use Only

Amount Pd _____ Cash _____ Check # _____ Received by _____