Liberty County Recreation Department

Program Registration Form

PROGRAM-_____

PARTICIPANT'S NAME-_____

ADDRESS WHERE PARTICIPANT LIVES-_____

PARTICIPANT'S DATE OF BIRTH-_____SCHOOL-_____

CIRCLE ONE: MALE FEMALE

PHONE: best/others-_____

For text messages, give your cell phone # & provider-_____

EMAIL ADDRESS-_____

Volunteer coaches are needed badly, are you willing to coach a team? YES NO

Preferred Park: Hinesville Midway Gum Branch Riceboro Walthourville

If there are **SIBLINGS** that are in the same age division as this participant, that need to be on the same team, note their **NAMES** and **AGES**-_____

If you have submitted a **TRANSPORTATION REQUEST**, note the name & age of the other child in that request-_____
(CHILDREN WILL NOT BE PLACED TOGETHER WITHOUT AN APPROVED REQUEST)

****THE INFORMATION REQUESTED BELOW IS ONLY NEEDED FOR NEW PARTICIPANTS OR IF THERE HAVE BEEN ANY CHANGES SINCE YOUR LAST REGISTRATION. SIGNATURE AT BOTTOM IS REQUIRED.***

Parent's Name-_____

Street Address-_____

County of Residence-_____

Explain any medical, physical, or other conditions and discuss with the Coach ASAP- _____
_____

I hereby give consent for my child to participate in all scheduled activities during the programs listed above. This includes permission for my child to be transported by qualified drivers in a van or bus if transportation is required. I verify that my child is physically and mentally able to participate in this program and that I have received educational materials regarding concussions. I also give my consent for authorized agents of LCRD to obtain needed medical attention for my child in my absence. I agree to comply with all rules set forth by LCRD for participation in this program. This signed statement releases all instructors and other agents of the Liberty County Recreation Department from liability resulting from injury while my child is participating in this program. I affirm all information provided on this form is true and accurate.

_____
PARENT SIGNATURE

OFFICE USE ONLY: Amount paid $_____ Received by _____ Date-_____ BC-_____ Age-_____