

NAME OF TEAM: _____

CHATHAM COUNTY RECREATION/PARKS DEPARTMENT
YOUTH PARTICIPATION FORM

NAME _____ DATE OF BIRTH ____/____/____ AGE _____

ADDRESS _____

GRADE _____ SCHOOL _____ HOME PHONE _____

PARENT'S NAME _____

BUSINESS PHONE _____

DOCTOR _____ CHILD'S PHYSICAL CONDITION _____

List any physical or mental defects or diseases (epilepsy, heart murmur, rheumatic fever, etc.) which your child may have or any other special medical information: _____

I, We, the parents of the above named boy or girl, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of activities, and transportation to and from activities. I/We do further hereby release, absolve, imdenify and hold harmless the Chatham County Recreation and Parks Department, the organizers of the activity, sponsor, the supervisor, and or all of them. In case of injury to my/our son or daughters, I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son or daughter to or from the activity.

I/We, the parents of the above-named boy or girl, hereby give my/our permission to the person in charge of the activity to take our son or daughter to the doctor or hospital in case of injury.

NAME OF ACTIVITY _____ DATE _____

Parent/Parent's Signature: _____

TO BE COMPLETED BY THE RECREATION DEPARTMENT

Date of Registration: _____ Season _____

Team _____ Activity _____ Fees _____

Receipt # _____ Activity Level _____ Insurance Receipt # _____

Session _____ Days of Week _____ Time _____