BARTOW COUNTY DEPARTMENT OF PARKS AND RECREATION
PARTICIPANT REGISTRATION FORM

EVENT: _____ [ ] **REGISTRATION #** _____

FIRST NAME _____ **MIDDLE NAME** _____ **LAST NAME** _____ **SEX** ____

E-MAIL ADDRESS: **DAD** _____ **MOM** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

AGE **BIRTHDATE** _____ **HOME PHONE** _____ **FATHER'S WORK PHONE** _____ **MOTHER'S WORK PHONE** _____

PHYSICAL CONDITION _____ / **DOCTOR'S NAME** _____ / **DOCTOR'S PHONE** _____

SCHOOL _____ **GRADE** _____ **AREA: ADAIRSVILLE, TAYLORSVILLE, PINE LOG, KINGSTON, OTHER**

Shirt Size: (Circle correct size) **YS (6-8)** **YM (10-12)** **YL (14-16)** **YXL (18-20)**

Adult Sizes: **AS** **AM** **AL** **AXL** **AXXL** **OTHER** _____

LIST ANY MENTAL OR PHYSICAL DEFECTS AND/OR DISEASES: (epilepsy, rheumatic fever, heart murmur, etc.)

In consideration of the acceptance of my son's / daughter's entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against the sponsors, coordinating groups, and any individuals associated with the activity, their representatives, successors and assigns for injuries suffered by my child in connection with said activity. I hereby give my permission for the free use of his/her name and picture in any broadcast, telecast, or print media account of the activity. I acknowledge that I have read and fully understand the foregoing release and my signature is given voluntarily and with full knowledge of its contents.

If I cannot be reached in the event of an accidental injury to my son or daughter, I give the supervisor of the recreation activity permission to have first aid treatment begun at the nearest medical facility.

By signing below, I attest, I have received a copy of the rules and regulations for the activity and acknowledge that I have read and fully understand these rules and regulations and will abide by all park rules, regulations, and restrictions.

PARENT / GUARDIAN X _____ **DATE** _____

STAFF X _____ **DATE** _____

(OVER) **READ AND SIGN FORM ON BACK**