



HART COUNTY RECREATION DEPARTMENT
Participant Registration/Medical Release Form

Sport/Program: [ ] Basketball [ ] Football [ ] Cheerleading [ ] Other \_\_\_\_\_

[ ] 8&under [ ] 10&under [ ] 12&under [ ] 14 & under \_\_\_\_\_

Resident: [ ] City or [ ] County Years Played Basketball: \_\_\_\_\_

Child's Name: \_\_\_\_\_

[ ] Male [ ] Female Age: \_\_\_\_\_ Date of Birth as of January 1, 2011: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: [ ] Cell or [ ] Home \_\_\_\_\_ email: \_\_\_\_\_

Note: Program information may be given out via email or by posting on the HCRD Facebook page.

Parents First & Last Name: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Medical:

Please list any allergies, medical conditions, physical disabilities, including those requiring medication (i.e. Diabetes, Asthma, etc.)

Table with 4 columns: Medical Condition, Medication, Dosage, Frequency of Dosage

The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or affect treatment.

ADDITIONAL NOTES (i.e. team placements, siblings, etc.) \_\_\_yes or \_\_\_no

\*If yes, please place additional notes on the back of the registration form\*

Emergency Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

The undersigned, parent/legal guardian, does hereby consent to the above named child's participation in the Sport/Program listed above, and further does hereby release Hart County, Georgia; the Hart County Recreation Department, its directors, employees, officers, staff, agents, and volunteer workers, their heirs, successors, administrators and assigns, from any and all liability on account of any and all claims of every nature, specifically including, but not limited to, claims for bodily injury, which the above named minor child may incur as a result of participation in the Sport/Program listed above.

Signature of Parent or Legal Guardian

Date

Notes by Parents: \_\_\_\_\_

I, the undersigned parent or guardian, agree that if I am required to lease football equipment from the Hart County Recreation Department for my child during the football program season, I will be responsible for returning the equipment. I understand that if I do not return the equipment leased to my child, I will be financially responsible for reimbursing the Recreation Department for the current value of new equipment. If I do not fulfill my obligation, I understand that the County will take legal action against me to recover its loss.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name listed above

\_\_\_\_\_

-----*Staff Use Below*-----

Amount Paid	Date Paid	Payment method (ck, cash, etc.)	Receipt #	Staff Initials