

ALL GAMES WILL BE ON SATURDAYS

HART COUNTY RECREATION & PARKS DEPARTMENT Participant Registration/Medical Release Form

Sport/Program: Football Cheerleading Other _____
 7U 8U 9U 10U 11U Other _____

Child's Name: _____

Male Female Age: _____ Date of Birth: _____
(as of August 1, 2019)

Address: _____

City, State, Zip: _____

Phone Number: _____ email: _____

Resident: City or County Weight: _____ (for Football ONLY)

School: _____

Medical:

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

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.

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. The undersigned further acknowledges that he/she has no knowledge of physical or medical conditions that would require an accommodation, or that would impair the above named child's ability to participate in the Sport/Program listed above. The only known physical or medical conditions of the above named child are those set forth herein above.

Signature of Parent or Legal Guardian

Date

Notes by Parents: _____
