## HART COUNTY RECREATION & PARKS DEPARTMENT

Participant Registration/Medical Release Form

Sport/Program:   Basketball			Football   Cheerleading   Other								
	Flag (5	-6)	7U	8U	9U	10U	11U	C	Other		
Child's Name:	:										
□ Male	☐ Female			Age: Date of Birth: (as of August 1, 2021)							
Address:											
City, State, Zi	p:										
Phone Number: email:											
Resident: $\square$ C	City or C	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 Cond	dition	N	<b>l</b> edication	on		Dosag	ge		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: Relationship to participant:											
Phone #			_ Rela	tionship	to pa	rticipan	t:				
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 P	arent or	Legal	Guardia	n			Date				
Notes by Parents:											

Equipment:										
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 replacement 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.										
Equipment is due within one (1) week after the season has concluded.										
Equipment replacement cost: <u>Helmet - \$150.00</u> , <u>Shoulder Pads - \$100.00</u>										
Signature of Paren	nt or Legal Guardi	Date	Date							
Print Name listed above										
Helmet #: Shoulder Pads #:										
Proof of Residence:										
I, (parent/guardian), authorize Hart County Board of Education, permission to release my child's, (child's name) personal summary report to the Hart County Recreation and Parks Department.										
Signature of Parent or Legal Guardian Date										
Staff Use Below										
Amount	Date Paid	Payment	Receipt #	Staff						
Paid		method (ck, cash, etc.)		Initials						

-----BELOW FOR FOOTBALL ONLY-----