

A COPY OF BIRTH CERTIFICATE IS REQUIRED

Special Requests:

STEPHENS COUNTY RECREATION DEPARTMENT

Email: scrd@stephenscountyga.com

Phone 706-886-5101 – Fax 706-282-1397

Name _____ Sports/Activity _____

Age _____ Male _____ Female _____ Birthdate: mm/dd/yyyy _____

Parent or Guardian Name _____ Street Address _____

City/State/Zip _____ / _____ / _____ Email Address _____

Home Phone _____ Cell _____ Cell _____ Work _____

Circle Shirt Size Youth (XS: 2-4) (S: 6-8) (M: 10-12) (L:14-16) (XL 18-20)
Adult (S: 34-36) (M: 38-40) (L: 42-44) (XL: 46-48) (XXL: 50-52)

Health: Excellent Good Fair Poor

Allergies/Disabilities _____

Emergency Contact (other than parent) _____ Relationship _____ Phone _____

In consideration for the participation by the above named child in the above described activity which is sponsored or conducted by Stephens County Recreation Department. I do hereby expressly covenant not to sue the recreation department, it's directors, employees, officers, agents, and volunteer workers, their heirs, successors, administrators and assigns 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 participating in the activity described above.

Parent/Gaurdian _____ Date _____

Would you be willing to _____ coach or _____ assist a sport or activity if needed?

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Please do not fill in.... For office use only

Birth Certificate: _____ Copied _____ On File _____ Did not have
Amount Pd _____ Cash _____ Check # _____ Receipt # _____ Received by _____