



# REGISTRATION FORM

601 South River Street  
Calhoun, GA 30701  
Phone: 706-629-0177  
Fax: 706-629-3746

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ Gender: Male or Female

Guardian Name: (required) \_\_\_\_\_ BIRTH CERTIFICATE: YES or NO

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Address: Y or N (Circle One)

New Phone: Y or N (Circle One)

Participant Lives In The CITY / COUNTY (Circle One)

Does this child have medical insurance? YES or NO

Main phone number we should call: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Email address we should use: \_\_\_\_\_

Please list any special accommodations that you or this participant may need: \_\_\_\_\_

**PLEASE CIRCLE THE UNIFORM SIZE FOR THIS PARTICIPANT:**

**SHIRT SIZE: YOUTH SIZES - YXS, YS, YM, YL, ADULT SIZES - AS, AM, AL, AXL, AXXL**

**SHORT/SKIRT SIZE: YOUTH SIZES - YXS, YS, YM, YL, ADULT SIZES - AS, AM, AL, AXL, AXXL**

**SPORT OR ACTIVITY INFORMATION (One form for each program and each participant)**

SPORT/ACTIVITY: \_\_\_\_\_ RETURNING TEAM NAME \_\_\_\_\_ REQUEST RE-DRAFT: Y or N

Relative participating? NAME? \_\_\_\_\_ AGE? \_\_\_\_\_

Are you (or a family member) interested in being a COACH or an ASST COACH? \_\_\_\_\_

### Acknowledgement of Receipt of Concussion Information Sheet

I acknowledge that I have received a copy "Heads Up - Concussions in Youth Sports" information sheet provided to me by the Calhoun Recreation Department, and understand I understand the nature and risk of concussion and head injury to rec league athletes, including the risks of continuing to play after concussion or head injury.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(PARENT/GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 18)

### Participant Waiver

I agree to hold harmless and defend Calhoun Recreation Department (CRD) against any and all claims for damages, compensation, or otherwise on the part of me, my child(ren) or any other party, growing out of or resulting from injury to me, my child(ren) or any other party while participating in this program, and to reimburse or make good any loss or damage or costs that CRD may have to pay if litigation arises from injury to me, my child(ren) or any other party, and I hereby waive any and all rights of exemption, both as to real or personal property, to which I may be entitled under the laws of this or any other state as against claims for reimbursement or indemnity by CRD.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(PARENT/GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 18)

### FOR OFFICE USE ONLY

If child does not have medical insurance coverage, our insurance MUST be purchased for \$6.00. Coverage lasts for one (1) year from time of purchase.

Insurance Purchased? YES / NO Date paid: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Paid Via: ( ) Cash \_\_\_\_\_

( ) Check # \_\_\_\_\_ ( ) CC \_\_\_\_\_ ( ) UW \_\_\_\_\_

Receipt # \_\_\_\_\_ Received by: \_\_\_\_\_

Entered in computer on \_\_\_\_\_ By: \_\_\_\_\_ REC1

**Registration will NOT be accepted until full payment is made.**

Proper ID must be presented with all checks.

CALHOUN RECREATION DEPARTMENT  
**NOW ACCEPTS VISA/MC FOR YOUR CONVENIENCE!**

For More Information, or to register online, please visit our website: [www.calhounrec.com](http://www.calhounrec.com)