



# 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: \_\_\_\_\_

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

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

### PHOTO RELEASE

I hereby grant permission to Calhoun Recreation Department and their affiliates to use photographs and/or video of my child in publications, news releases, online social media, and in other communications that are related.

SIGNATURE

(PARENT/GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 18)

DATE

### 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: \_\_\_\_\_ RECI

### 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)