

TALLAPOOSA RECREATION DEPARTMENT (TRD)

SPORTS / ACTIVITY REGISTRATION FORM & YOUTH RELEASE

Date: \_\_\_\_\_

I live within the City limits of Tallapoosa: YES \_\_\_\_\_ NO \_\_\_\_\_ MALE / FEMALE (Circle one)

Activity signing up for: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age now: \_\_\_\_\_

Given Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Address: \_\_\_\_\_

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

School Attending: \_\_\_\_\_ Email: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Dads' work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Moms' work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

**IN CASE OF EMERGENCY, AND PARENT/GUARDIAN CAN NOT BE LOCATED, CONTACT THE FOLLOWING:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical History: Allergies? \_\_\_\_\_

Injuries? \_\_\_\_\_

Health Problems? \_\_\_\_\_

**UNIFORM SIZE: YOUTH:** XS S M L **ADULT:** S M L XL (Circle needed size)

**PANTS SIZE: YOUTH:** XS S M L **ADULT:** S M L XL (Circle needed size)

RELEASE: Please, read completely. There is, by participation in recreation activities, a risk of injury, and by signing this waiver release form, you are hereby acknowledging this risk. You are waiving your right to take legal action against the CITY OF TALLAPOOSA, the TALLAPOOSA RECREATION DEPARTMENT, or any of the employees or volunteers with our organization for liability should you or your child incur an injury.

Participation: I hereby give permission for the above minor to participate in the above program. Transportation: I am aware that participation in some programs requires transportation to and from various places. I hereby give my permission for the above minor to be transported by department staff and volunteers. Consent of treatment: I authorize such physician or medical staff, as the TRD may designated, to carry out minor medical or surgical treatment and/or medication, and if necessary to take my child to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible by telephone, for permission. The physician, organizers, directors, agents or the employees of the TRD are hereby released, acquitted and discharged from any claim for damage or suit by any program, and in that regard, I hereby covenant that on my behalf and for the minor, not file a claim or being suit with respect to any such injury or damage. I, the undersigned am parent / guardian of the above specific minor. I have read and fully understand the provisions of the above release and have explained them to said minor. I hereby agree that I, and said minor, will be bound thereby. **CHECK ONE:** I WANT \_\_\_\_\_ I do NOT WANT \_\_\_\_\_ insurance for \$10.00 per year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_