



TROUP COUNTY PARKS & RECREATION

Registration Form

Rcpt #: _____

Participant's Name: _____ School: _____

Date of Birth: ___/___/___ Age: _____ Male or Female Height: _____ Weight: _____

Address: _____ City: _____ Zip: _____

Contact #: _____ Email: _____

(by providing your email you agree to receive emails from TCPRC)

Please List ANY Medical Conditions We Need To Be Aware Of: _____

Activity #:	Activity Name:	Age Group:	Fee:
<i>Non-Residents of Troup County - add 20% to registration fee</i>			Total Fees:

Last Year's Team: _____

Make Checks Payable To: TCPRC

Mother's Name: _____

Cell #: _____

Employer: _____

Work #: _____

Should We Contact You At Work? Yes or No

Father's Name: _____

Cell #: _____

Employer: _____

Work #: _____

Should We Contact You At Work? Yes or No

Emergency Contact (Other than parent)

Name: _____ Relationship: _____ Phone: _____

Are you interested in coaching? Yes or No

- Head Coach - Assistant Coach - Team Mother

Would you like to be a sponsor? Yes or No

Sponsor Name: _____

<p>If you would like the participant to be placed up one age group complete this "Age Override" Section:</p> <p>Age Group: _____</p> <p>_____ Parent/Guardian Signature</p>	<p>If there is another sibling that you would like the above registered child to be paired with, complete this "Sibling Locator" Section:</p> <p>Sibling's Name: _____</p> <p>Sibling's Age: _____</p> <p>Activity Sibling is registered for: _____</p>
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If you do NOT want your child to return to the same team as last season, please complete this section:

Parent/Guardian Signature: _____

Previous Team Name: _____

Previous Coach: _____

Waiver

I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heir, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the Troup County Government, Troup County Parks and Recreation Commission and its representatives, sponsors, affiliated associations, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity. Also, I agree that I will abide by all the rules and policies outlined in the National Rules and set by the Troup County Parks & Recreation Commission.

I, the undersigned, give permission to the Troup County Parks and Recreation Commission to take photographs during program/activities and use those photographs in advertising or promoting Parks and Recreation programs and activities. I, the undersigned, give permission to the Troup County Parks and Recreation Commission to obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized.

Signature (Participant/Parent/Guardian) _____ Date _____

Make checks payable to: TCPRC

For more information: 706.883.1670 Visit us at: www.trouprec.org