

**Lumpkin County  
Parks and Recreation Department**

Program - Athletic Registration Form



Sport/Program: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Top Size: \_\_\_\_\_ Bottom Size: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Group: \_\_\_\_\_ Gender: (circle one) Female Male

Guardian's Name: \_\_\_\_\_

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

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

Primary E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**DISCLOSURE AND LIABILITY WAIVER**

As the parent, authorized representative, or legal guardian, I hereby give consent to the Lumpkin County Parks and Recreation Department (LCPR) to provide emergency dental or medical care as prescribed by a duly licensed physician (M.D.), dentist (D.D.S.), or osteopath (D.O.) for \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of the child named above.

\* I understand that in order to receive all updated information in regards to the program I must provide a current phone number and e-mail address and/or check Parks and Recreation website. (<http://www.lumpkincounty.gov/dept/parkRec>) for updates.

\* I understand LCPR and all affiliated programs are not licensed child care facilities and programs.

\* I understand that the nature of Lumpkin County Parks and Recreation programs and sports and give my child permission to participate. I further understand that neither the LCPR nor any of its staff, paid or unpaid, can be held liable in the event of an accident or accidental death. In case of an injury or accident, all efforts will be made to contact a parent or guardian, but in the event of an emergency if a parent or guardian cannot be reached, I give permission for the LCPR staff in charge to authorize medical care for my child. I further understand that the LCPR is a value based organization and it is my duty to uphold values through my actions and behaviors.

\*I release authorization to the LCPR to take and use pictures of my child in advertising in any medium.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_