



STATESBORO-BULLOCH

Parks and Recreation

REGISTRATION FORM

Date: _____ Program/Activity: _____

Area Playing (circle one): Statesboro Brooklet Portal Nevils Stilson

* Please complete if participant is under the age of 18

Male Female

Participant's Name: _____ Age: _____ Birthdate: _____

* Guardian's Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone@Home: _____ Work: _____ Cell: _____

School: _____ Grade: _____

Are you a Bulloch County resident? Yes No *If no, what county do you live in?* _____

Emergency Contact (other than parent) _____ Phone _____ Relation _____

Doctor: _____ Special Medical Info: _____

****Parental Release:** I, the above participant and/or guardian of the above participant, fully understand that in case of an emergency and/or injury, I will not hold the Statesboro-Bulloch County Parks and Recreation Department, it's staff, nor Bulloch County responsible. I also hereby give the Statesboro-Bulloch County Parks and Recreation Department permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the Department for promotional and information purposes in print, on the Department website, and in other media. I ALSO acknowledge that I have received the CDC Parent and Athlete fact sheets on "Heads Up: Concussions in Youth Sports" from the SBCPRD.

Parent/Guardian Signature

Date

For Office Quarter/Year: _____ / _____ Program: _____ Staff: _____

Use Only: Amount Paid:\$ _____ Receipt#: _____ Credit Card Check# _____ Cash