

Office use only: Check # _____ Cash _____ Receipt # _____ Birth Certificate on File: Yes/No

CRAWFORD COUNTY RECREATION REGISTRATION FORM

WEE-BALL (3-4)/TEE-BALL (5-6)/BASEBALL (7-14)/SOFTBALL (7-14)

Age as of Jan 1. ___ Female

Fee Schedule: All Divisions \$85.00

Age as of May 1. ___ Male

(First) _____ (Middle) _____ (Last) _____

DOB: _____ GENDER: _____ HOME PHONE: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Father's Name: _____ Phone No. _____

Email: _____

Mother's Name: _____ Phone No. _____

Email: _____

Child's Physical Condition: _____

(List any physical or mental handicaps or diseases such as epilepsy, heart murmur, rheumatic fever, etc., which you child may have or any other special medical information which may affect your child's participation).

Health Insurance: Yes or No: Name of Insurance: _____

Uniform Size: Shirt: _____ Hat: _____ Socks: _____

Birth Certificate must be provided at the time of registration.

Registration Forms can be mailed to Crawford County Recreation Department P.O. Box 1028 Roberta, GA 31078

Registration Forms can be dropped off at the Probate Court at the Crawford County Courthouse. **Last date for Registration will be February 18, 2016.**

I/We, the parent(s) of the above named child, do hereby certify to the Crawford County Recreation Board that my/our child is physically and emotionally fit to participate in the activity set forth above. I/We understand that participation requires practice, conditioning, and perseverance. Specifically, I/We recognize that participation in such activity requires physical and mental endurance, and that participation in the activity will require exertion on behalf of my/our child, and that such exertion includes, but is not limited to, cardiovascular and muscular exertion and effort.

I/We acknowledge that the Crawford County Recreation Board has not made, and cannot make, any determination that my/our child is medically fit to participate as set forth herein. The Crawford County Recreation Board recommends that any child participating in the activity set forth above receive a complete physical examination by a physician.

I/We acknowledge that I/We have provided the Crawford County Recreation Board with any special medical information which may affect my/our child's participation.

I/We, the parent(s) of the above named child, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities as well as transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the Crawford County Recreation Board, the organizers of the activity, sponsors, and supervisors from any and all claim or claims, of any nature whatsoever, whether at law or in equity, arising out of or in any way related to the activity set forth herein.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our child to the doctor or hospital in case of injury. I/We understand I/We will be responsible for any and all cost incurred by emergency transportation or medical treatment provided.

PARENT'S SIGNATURE: _____ Date: _____

Parental Support: We ask for active participation of all parents in our programs. Circle all areas in which you are willing to help.

Coach Asst. Coach Grounds Concessions Future Umpire