**FCRD REGISTRATION**

**For: Football and Cheerleading**

\*A COPY OF BIRTH CERTIFICATE IS REQUIRED\*

|  |
| --- |
| **Special Request: (Not Guaranteed)** |

**FRANKLIN COUNTY RECREATION DEPARTMENT**

Email:**fcrd@windstream.net**

Phone 706-384-7275 – Fax 706-384-5185

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sports/Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_ Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_ Birthdate: mm/dd/yyy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numbers to call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle shirt size Youth: (Extra Small) (Small) (Medium) (Large) (Extra Large)

Adult: (Small) (Medium) (Large) (Extra Large)    (XXL)

Health: Excellent    Good    Fair    Poor Allergies/Disabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for the participation by the above named child in the above described activity which is sponsored or conducted by Franklin County Recreation Department.  I do hereby expressly covenant not to sue the recreation department, it's directors, employees, officers, agents, and volunteer workers, their heirs, successors, administrators and assigns on account of any and all claims of every nature, specifically including but not limited to claims for bodily injury, which the above named minor child may incur as a result of participating in the activity described above.I also acknowledge that the recreation department is not responsible for any type of illness and/or complications that may occur during the season from Covid-19 (Coronavirus) and herby take full responsibility for my child’s health and chose to follow any guidelines set by FCRD while participating at The Franklin County Recreation Department.

**\**Football only***

**\**Proof of Residence*:** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(guardian) authorize FC Board of Education permission to

release my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) (person summary report) to FC Rec. Dept.

***My Child Attends:*** (Name of School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please do not fill in below the line ……………………………………...........for office use only**

Birth Certificate:\_\_\_\_\_\_\_\_Copied\_\_\_\_\_\_\_On File\_\_\_\_\_\_\_Did not have

Amount Pd\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_ Check #\_\_\_\_\_ Receipt #\_\_\_\_\_\_\_\_\_Received by\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_