

FCRD REGISTRATION

A COPY OF BIRTH CERTIFICATE IS REQUIRED

Special Request:

FRANKLIN COUNTY RECREATION DEPARTMENT

Email: ferd@windstream.net

Phone 706-384-7275 – Fax 706-384-5185

Name _____ Sports/Activity _____

Age _____ Male _____ Female _____ Birthdate: mm/dd/yy _____

Parent or Guardian Name _____ Street Address _____

City _____ State _____ Zip _____ Email Address _____

Numbers to call _____ Emergency Contact _____

Circle shirt size Youth (XS: 2-4) (S: 6-8) (M:10-12) (L: 14-16) (XL: 18-20)

Adult (S: 34-36) (M: 38-40) (L: 42-44) (XL: 46-48) (XXL: 50-52)

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.

***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.

Parent/Guardian Signature _____ Date _____

Check if you are willing to _____ coach or _____ assist a sport or activity if needed?

Please do not fill in below the linefor office use only

Birth Certificate: _____ Copied _____ On File _____ Did not have _____

Amount Pd _____ Cash _____ Check # _____ Receipt # _____ Received by _____ Date _____