

Walton County Parks and Recreation Registration/Release Form

Please indicate which sport/activity you are registering for. Note- Age Control Date refers to how old the participant will be on that date, not how old they are now.

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|--|--|--|
| <input type="checkbox"/> Baseball (ACD April 30 th , 2021) | <input type="checkbox"/> Softball (ACD December 31 st , 2020) | |
| <input type="checkbox"/> Football- Tackle (ACD September 1 st , 2020) | <input type="checkbox"/> Football- Flag (ACD September 1 st , 2020) | |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Basketball (ACD September 1 st , 2020) |

Parent Information (Print)

Mother's Name: _____

Mother's Contact #: _____ Mother's E-Mail: _____

Father's Name: _____

Father's Contact #: _____ Father's E-Mail: _____

Address: _____ City/County/Zip: _____

Emergency Contact Name/Phone #: _____

Please indicate any interest in volunteer opportunities (Note: These are not guaranteed):

- Head Coach Assistant Coach Team Mom No Interest

Participant Information (Print)

Name: _____

Date of Birth: _____ Age (as of control date): _____ Grade: _____ Gender: _____

Number of seasons played: _____ Physical/Medical Problems: _____

Jersey Size: YS YM YL YXL AS AM AL AXL AXXL

Jersey Number Preferences (list 3...Rec Dept. will assign numbers if left blank): _____

Shorts Size: YS YM YL YXL AS AM AL AXL AXXL

- I understand that the uniform size which I order for my child will be the size he/she receives. If for any reason the uniform size is incorrect, I will be solely responsible for the replacement (order & cost).

Requests (Not Guaranteed)/Comments:

See back side 

Policy Acknowledgements/Participant Release

I acknowledge that the Walton County Parks & Recreation Department does not carry insurance on participants in programs. Being aware of this and acknowledging that participation in any activity involves a certain degree of risk or injury, I hereby waive, release, absolve, indemnify, and agree to hold harmless the Walton County Parks & Recreation Department, their board of directors, employees, coaches, instructors, officials, and volunteers from any and all liability arising out of any injury suffered by the above said participant during this activity. I understand that the above named parties will not assume responsibility for payment of medical treatment or transportation to or from the place of treatment. Only minor first-aid will be administered when necessary. I further agree to abide by the policies & procedures set forth by the Walton County Parks & Recreation Department.

I acknowledge that the registration fee is non-refundable after team drafts/placement and there will be no exceptions. I am aware that a \$20 service charge will be applied to all refunds granted prior to team drafts/placement.

I understand that the Walton County Parks & Recreation Department may publish participant images and videos to publicize and promote programs offered.

I acknowledge that I have received a fact sheet covering concussion awareness from the Walton County Parks & Recreation Department and know what to do if a participant sustains a concussion or other serious brain injury.

Parent/Guardian Signature

Print Name

Date

Office Use Only

Age Division: _____ Location Registration Taken: Central West South

Birth Certificate: attached / on file

Fee Paid: \$ _____ Cash: _____ Check #: _____ Credit Card: _____

Receipt #: _____ Staff: _____