

# Forsyth County Parks & Recreation

## Registration Form

Participant's Name \_\_\_\_\_ Date-of-Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ County Resident: Y or N T-shirt size: YS YM YL AS AM AL AXL

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_  
(By providing your email address-you agree to receive emails from FCPRD)

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

### Emergency Contact (Other than parent)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### Waiver

I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heir, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the Forsyth County Government, Forsyth County Parks and Recreation Department and its representatives, sponsors, affiliated associations, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity. Also, I agree that I will abide by all the rules and policies outlined in the National Rules and set by the Forsyth County Parks & Recreation Department.

I the undersigned give permission to the Forsyth County Parks and Recreation Department to take photographs during program/activities and use those photographs in advertising or promoting Parks and Recreation programs and activities.

I the undersigned give permission to the Forsyth County Parks and Recreation Department to obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized.

Signature (Participant/Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Please list any medical or other conditions that we need to be aware of: \_\_\_\_\_

Activity #	Activity Name	Start Date	Start Time	Location	Fee
<b>TOTAL</b>					

#### 2010 FALL BALL SECTION

**Registration dates:** Monday–Friday, July 26–August 13, 8:30 am-5 pm Fee: \$ 65 Non-Resident Fee \$ 78  
 Saturdays, July 31 & August 7, 9 am-12 pm (Central Park Only)

**General Information:** FCPRD Staff will place participants in the appropriate age division. Ages 4-5 and 6-7 will play coach pitch.

**Circle the league for your child:** Baseball or Fast-Pitch Softball

**Circle the park where you prefer to play:** Bennett Central Coal Mtn. Midway Sawnee Mtn. Sharon Springs

Choose Payment Method: Check \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as appears on Card \_\_\_\_\_ Signature \_\_\_\_\_

Make checks payable to FCPRD & mail to: P.O. Box 2417, Cumming, GA 30028  
 Fax with credit card information to: 770-781-2221

Please review our refund policies found in the current activity guide.

For more information: 770-781-2215 Visit us at: [www.forsythco.com](http://www.forsythco.com)