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

Medical or other conditions:_____

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_____

Activity #	Activity Name	Start Date	Start Time	Location	Fee
				TOTAL	

Non-Residents of Forsyth County – add 20% to registration fees.

2012 ATHLETIC SECTION

By registering for an athletic program, volunteering as a coach, serving as a game official, or attending an event as a spectator, all participants agree to abide by the FCPRD Code of Conduct (see FCPRD website). Failure to abide by the Code of Conduct may jeopardize your and/or your child's opportunity to participate in any FCPRD's athletic programs.

Circle the league for your child: Fall Baseball Fall Fast-Pitch Softball Winter Basketball

Circle the park where you prefer to play:

WEST	**NORTH**	**SOUTH**
Fowler/Midway/Sawnee Mtn.	Bennett/Central/Coal Mtn.	Sharon Springs/Joint Venture/Old Atlanta

PAYMENT

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 or online at www.forsythco.com/parks