



# Gates County Community Center & Recreation

**Activity**

**Birthdate**

**Gender**

**Current Age**

<b>Participant Name:</b>	
<b>Address:</b>	
<b>City/State/Zip Code:</b>	
<b>Phone: (123) 456-7890</b>	
<b>Email Address: (preferred)</b>	

<b>Parent Name:</b>	
<b>Phone: (123) 456-7890</b>	
<b>Email: If not given above</b>	

<b>Parent Name:</b>	
<b>Phone: (123) 456-7890</b>	
<b>Email: If not given above</b>	

**Medical Concern/Allergies:** \_\_\_\_\_

**Same Age Group Siblings** \_\_\_\_\_

WAIVER OF LIABILITY AND DISCLAIMER: I the undersigned parent of the above-named individual, acknowledge participation in athletic events involves risk of physical injury. I understand recreation activities are planned with safety in mind and are primarily coached by parents and/or volunteers as opposed to paid professionals. I further acknowledge the participant has the physical capacity reasonably necessary to engage in the recreation activity for which I have enrolled. It is hereby understood by registering the above individual, I hereby release and hold harmless, Gates County Community Center & Recreation, and any of its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in GCCC&R sponsored events, including any physical injury caused by the negligence of any official, referee, or coach while performing his/her duties during any practices or games. I agree any pictures or videos taken may be used for future departmental promotions. INITIAL \_\_\_\_\_ I have read and fully understand the above waiver.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Departmental Use: Registration fee: Cash** \_\_\_\_ **Check #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_