

**DOOLY COUNTY RECREATION DEPARTMENT  
REGISTRATION FORM**

SPORT: \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

NAME PARENT/GUARDIAN \_\_\_\_\_

PLAYERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE:(HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT & NUMBER \_\_\_\_\_

PLAYER'S GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_

DOCTOR'S NAME & PHONE # \_\_\_\_\_

Please list of any physical or medical conditions we should be aware of \_\_\_\_\_

How did you hear about this activity? \_\_\_\_\_

	<u>YOUTH</u>	<u>ADULT</u>
PLAYER'S SHIRT SIZE:	XS S M L XL	S M L XL 2XL

PLAYER'S PANT SIZE:	XS S M L XL	S M L XL 2XL
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AGE CONTROL DATES:	BASKETBALL – JAN. 1 <sup>ST</sup>
BASETBALL – MAY 1 <sup>ST</sup>	SOFTBALL – JAN. 1 <sup>ST</sup>
FOOTBALL – SEPT. 1 <sup>ST</sup>	CHEERLEADING – SEPT. 1 <sup>ST</sup>

<b><u>WAIVER</u></b>		
<p>BY MY SIGNING BELOW, I CONFIRM THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE TO ENCOURAGE MY CHILD TO USE GOOD SPORTSMANSHIP AND I AGREE TO SHOW GOOD SPORTSMANLIKE CONDUCT AS A FAN OR VOLUNTEER. I ALSO GIVE PERMISSION TO DCRD TO GIVE THE ABOVE NUMBER TO COACHES OR ASSISTANT COACHES. I ALSO CONFIRM THAT MY CHILD HAS PERMISSION TO PARTICIPATE IN THE ABOVE NAMED SPORT. FINALLY, BY MY SIGNATURE BELOW, I HEREBY WAIVE ALL CLAIMS AGAINST DOOLY COUNTY, THE RECREATION DEPARTMENT, ORGANIZERS, OFFICIALS, SPONSORS, SUPERVISORS AND VOLUNTEERS. I LIKewise, RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING MY/OUR CHILD TO OR FROM THE ACTIVITY.</p>		
<p>I/WE, THE PARENTS/GUARDIANS OF THE ABOVE NAMED CHILD, HEREBY GIVE OUR PERMISSION TO THE PERSON IN CHARGE OF THE ACTIVITY TO TAKE MY/OUR CHILD TO THE DOCTOR OR HOSPITAL IN CASE OF INJURY.</p>		
<table border="0"> <tr> <td>SIGNATURE _____</td> <td>TODAY'S DATE _____</td> </tr> </table>	SIGNATURE _____	TODAY'S DATE _____
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For more information visit: [www.doolyrec.com](http://www.doolyrec.com)

Payment **MUST** accompany form. Form **MUST** be turned in to DCRD.  
Mail payment and form to P.O. Box 220, Vienna, GA 31092.

**FOR DCRD USE ONLY**

AMOUNT COLLECTED: \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_