

# Lincoln County Recreation Department Participant Registration Form

Event: \_\_\_\_\_

New Registrant: YES NO

\*Team Assigned To: \_\_\_\_\_

Shirt Size: (circle) YS YM YL YXL AS AM AL AXL AXXL Other \_\_\_\_\_

Name \_\_\_\_\_

Sex: MALE FEMALE

\*\*Is Birth Cert. on file \_\_\_\_\_

Mailing Address \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Do you have Insurance \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone \_\_\_\_\_

Any special medical information: \_\_\_\_\_

Participation: I hereby give permission for the above minor to participate in the Lincoln County Recreation Program.

Transportation: I am aware that participation to some programs require transportation to and/or from various places. I hereby give permission for the above minor to be transported by department volunteers and/or staff, without further notice, as necessary by program design.

Consent to Treatment: I authorize such physician or medical staff as the Lincoln County Recreation Department may designate to carry out minor medical treatment and/or medication necessary, or to take my child/ward to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of my child/ward. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible, by telephone for permission. The physicians, organizers, directors, agents, or employees of the Lincoln County Recreation Department are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, damage to person or property during the event or program, including transportation to or from the event and/or to any program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring suit with respect to any such injury or damage. I, the undersigned, am a parent or guardian of the above specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that I and said minor will be bound thereby.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of my child in any form whatsoever for use in the Lincoln County Recreation Department newsletters, brochures, flyers, on the county and department websites and in any other publications produced for the Lincoln County Recreation Department. Consent is also granted for any use of my child's name in any part of those publications listed above. I have read this document and am fully aware of the content and implications, legal and otherwise.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Boys and Girls will be assigned teams without consideration for transportation purposes.

\*\* Birth Certificates must be on file before participation begins.

The Lincoln County Recreation Department does not discriminate on the basis of handicapped status or access to, or treatment of employment in its programs or activities.