

SUWANNEE
PARKS & RECREATION

Activity Registration Form

Date _____

Activity/Program _____

(Swim Lessons, include session & time)

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthdate _____

Cell Phone # _____ E-mail Address _____

Gender _____ Age _____ Grade _____

Circle Uniform Size: **Shirt** Youth S M L -- Adult S M L XL
 Pants Youth S M L XL Adult S M L XL

Health Issues _____

Father's Name _____ Work # _____

Mother's Name _____ Work # _____

Emergency Contact _____ Phone _____

(other than parents)

Notes _____

(Also, please let us know if you, or someone you know, are interested in coaching or sponsoring a team.)

(Office Use Only)

Amount Paid _____ **Method** _____ **Check #** _____

Program Waiver / Release

By signing below, I hereby request and/or consent that my child be permitted to participate in the programs offered by Suwannee Parks & Recreation. I agree, with the signing of this form, that in the event of injury, disablement, disease or death to myself / my child while participating in the program, to waive any and all claims of liability against the City of Live Oak, Suwannee County, Live Oak / Suwannee County Recreation Board, Sponsors, Coaches, Employees or Volunteers of the above organizations and do assume the risks to be ordinary risks of the program and participation in it.

Photo Release: I hereby grant authorization to Suwannee Parks & Recreation to use photographs of myself, my child, or the program participant(s) for public purposes.

Also by signing this form I give permission for myself / my child to receive emergency medical attention for illness or accident if I cannot first be contacted. I also will be responsible for any and all medical expenses incurred.

Parent Signature _____ Date _____

Parent's Name (printed) _____

Child's Name (printed) _____