



1764 Broad St., Lumpkin, GA 31815

Office: 229.838.6769

Fax: 229-838-9856 /

Email: info@stewartcountyga.gov

**– YOUTH SPORTS/RECREATION REGISTRATION FORM–
APPENDIX C TO FACILITY RENTAL POLICIES**

Sport/Activity: _____

Name (Last) _____ (First) _____ (Middle) _____

DOB: _____ Gender: _____ Home Phone: _____ Cell Phone: _____

Street Address (E911): _____

City: _____ State: _____ ZIP Code: _____

Emergency Contact (e.g. parent/guardian): _____ Phone: _____

Emergency Contact (e.g. parent/guardian): _____ Phone: _____

Child's Physical Condition (List any physical or mental handicaps or diseases such as epilepsy, heart murmur, rheumatic fever, etc. which your child may have or any other special medical information which may affect your child's participation. Stewart County recommends that any child participating in the activity set forth above receive a complete physical examination by a physician):

Health Insurance: YES or NO Name of Insurance: _____

Uniform size: Shirt: _____ Shorts: _____

Registration fee for the season is **\$40.00** this includes the cost of uniforms. A service charge of \$20.00 will be charged for all returned checks plus any bank charges. By signing below, you are assuming the responsibility for the registration fee and authorizing the purchase of a uniform.

A copy of the players Birth Certificate must be provided before first game.



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PARENTAL ACKNOWLEDGMENT AND WAIVER:

I/We, the parent(s) of the above named child, do hereby certify to the government of Stewart and the Stewart County Board of Education ("Stewart County") that my/our child is physically and emotionally fit to participate in the activity set forth above. I/We understand that participation requires practice, conditioning, and perseverance. Specifically, I/We recognize that participation in such activity requires physical and mental endurance, and that participation in the activity will require exertion on behalf of my/our child, and that such exertion includes, but is not limited to, cardiovascular and muscular exertion and effort.

I/We acknowledge that the Stewart County has not made, and cannot make, any determination as to my/our child's medical condition or fitness to participate in sports or activities. I/We acknowledge that I/We have provided Stewart County with any special medical information which may affect my/our child's participation.

I/We, the parent(s) of the above named child, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities as well as transportation to and from activities.

I/We do further hereby release, absolve, indemnify, and hold harmless Stewart County, the organizers of the activity, sponsors, coaches, officiators, and supervisors from any and all claims, of any nature whatsoever, whether at law or in equity, arising out of or in any way related to the activity set forth above.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our child to the doctor or hospital in case of injury. I/We understand I/We will be responsible for any and all costs incurred by emergency transportation or medical treatment provided.

Signature of Parent or Guardian: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

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OFFICE USE ONLY: Check #: _____ Cash _____ Receipt #: _____