

Hoke County Parks and Recreation Department

Youth Registration Form

Office Use Only

Staff Initials: _____ Registration Fee Paid: _____ Receipt Number: _____
Insurance: Yes ___ No ___ Fee Paid: _____ Total Paid: _____
Birth Certificate Reviewed and Copied () Yes () No Birth Certificate on File () Yes () No

NO Child May **Participate** or **Register** without **Proof of Birth REVIEWED & COPIED** or **Verified** to be on **File**

I have more than 1 child that needs to be placed on the same team because of age.

Childs Name: _____ Relation: _____

Participant Information

Participants Name: _____

First Name

Last Name

Date of Birth: _____

Month Day Year

Male: () Female: ()

League Age: _____

OFFICE USE ONLY

Address: _____ City: _____ Zip Code _____

School Attending: _____ or School to Attend: _____

Parent or Guardian Information

Name: _____ Phone: _____

Home

Work

Cell Phone: _____ E-Mail _____

May We Contact You at Work for Non-Emergency Situations? YES _____ NO _____

Does your child have asthma? YES () NO ()

DO YOU HAVE AN INTEREST IN COACHING? YES () NO ()

Sport History

Did your child play this sport in Hoke County last year? Yes ()--No () If yes, complete the following

Team Information: Coach: _____ Team Name: _____

Program/Age Group: _____ My Child Has Fun: Yes () No () First time Participant ()



Day Camps



**GENERAL RELEASE and WAIVER of LIABILITY
HOKE COUNTY, NORTH CAROLINA**

Participants Name: _____ **Age:** _____

Address: _____

Home Phone: (910) _____ **Work Phone:** (910) _____ **Cell Phone:** (910) _____

Medical Doctor: _____ **Phone:** (910) _____

Emergency Contact: _____ **Relationship:** _____

Alternate Contact: _____ **Phone:** (910) _____

Medical Insurance Company and Policy Number (for minors only): _____

Physical Condition: I am in good health except for the following medical conditions or allergies (include drug allergies): _____

(Attach additional sheets if necessary)

From time to time I desire and request to participate in programs, activities, events, sports and trips sponsored by the Hoke County (collectively referred to as Activities) and the Hoke County Parks and Recreation (collectively referred to as Hoke County). I agree to be bound by the following terms and conditions:

- I am familiar with the Activities I am participating in and I possess the necessary skills and ability to participate in these Activities. This waiver will apply to all the activities I may participate in from time to time.
- I understand that many of these Activities, especially physical activities like sports and dancing are risky activities and may result in minor and sometimes significant injury.
- I acknowledge that I am voluntarily participating in these Activities.
- I assume full responsibility for all liability and all risk of injury or loss, including serious injury and death, which may result from my participating in these Activities.
- I hereby hold harmless, release, waive, forever discharge Hoke County, its agents, employees and volunteers for any damage I may suffer, by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participating in Hoke County Activities and occurring during such participation or any time subsequent thereto.
- I hereby authorize Hoke County and its agents to seek medical care on my behalf should the need arise.
- I hereby acknowledge that my participation in the Activities does not in any manner establish an employer-employee or agency-employee relationship with the Hoke County.
- This General Release and Waiver of Liability of all claims is binding on my heirs, executors, administrators and, family members and any and all persons pursuing a claim on behalf of me or my estate or against me or my estate.
- I affirm that the information I have provided is true; that I have reviewed the rules and regulations necessary to participate in Hoke County Activities.

By signing below, I agree that I have read and understand this General Release and Waiver of Liability and agree to be bound by it.

Signature

Date

CONSENT of PARENT, GUARDIAN or PARTICIPANT (IF OVER 18),

I as the parent/guardian of the minor child listed above or as the participant (If Over 18), and have the authority to enter into this agreement of General Release and Waiver of Liability set out above on behalf of the minor child or myself as a participant.

Printed Name

Signature

Date

Relationship: _____

Address: _____