

# 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:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male: ( ) Female: ( ) **League Age:** \_\_\_\_\_  
Month Day Year 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 ( )



# G o l f



**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:** \_\_\_\_\_