

CARROLL COUNTY RECREATION DEPARTMENT

www.carrollcountyrec.com

YOUTH RELEASE FORM

I LIVE WITH IN CARROLL COUNTY: YES NO MALE / FEMALE AGE TODAY: _____

ACTIVITY PARTICIPATING IN: _____ BIRTHDATE: _____

PARTICIPANT'S NAME: _____ GOES BY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ SCHOOL: _____

PARENTS/GUARDIANS: _____

MOM'S WORK # _____ CELL # _____ HOME # _____

DAD'S WORK # _____ CELL # _____ HOME # _____

IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE LOCATED:

NAME: _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____

MEDICAL HISTORY: ALLERGIES _____ ILLNESSES: _____

UNIFORM SIZES: SHIRT YXS YS YM YL AS AM AL AXL AXXL
(PLEASE CIRCLE ONE)
PANT YXS YS YM YL AS AM AL AXL AXXL

WAIVER: THERE IS, BY PARTICIPATION IN RECREATION ACTIVITIES A RISK OF INJURY, AND BY SIGNING THIS WAIVER YOU ARE HEREBY ACKNOWLEDGING THIS RISK. YOU ARE WAIVING YOUR RIGHT TO TAKE LEGAL ACTION AGAINST CARROLL COUNTY, THE CARROLL COUNTY RECREATION DEPARTMENT, AND ANY OF THE EMPLOYEES OR VOLUNTEERS WORKING WITH OUR ORGANIZATION FOR LIABILITY SHOULD YOU OR YOUR CHILD INCUR ANY INJURY.

I, THE UNDERSIGNED, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THESE ACTIVITIES AND DO HEREBY, FOR MYSELF, MY CHILD, MY HEIRS, EXECUTORS AND ADMINISTRATOR, WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS CARROLL COUNTY, THE CARROLL COUNTY RECREATION DEPARTMENT AND ANY EMPLOYEES OR VOLUNTEERS IN CONNECTION WITH THIS ACTIVITY.

THE CARROLL COUNTY RECREATION DEPARTMENT DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN ITS PROGRAMS OR ACTIVITIES.

IS YOUR CHILD PLAYING IN A LEAGUE OR TEAM OUTSIDE OUR DEPARTMENT? YES NO

CHECK ONE: I WANT I DO NOT WANT REC-1 INSURANCE FOR \$8.50 PER YEAR. THE INSURANCE RUNS FROM OCTOBER 9 THROUGH OCTOBER 8 OF THE FOLLOWING YEAR.

**SPECIAL REQUESTS WILL NOT BE HONORED.
TRANSPORTATION WILL NOT BE TAKEN INTO CONSIDERATION IN TEAM SELECTION.**

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PLEASE INITIAL TO ALLOW CCRD TO USE YOUR CHILD'S NAME AND/OR IMAGE ON WEBSITE: _____