



SURRY COUNTY PARKS AND RECREATION



YOUTH FALL SOCCER REGISTRATION FORM

(COMPLETE ONE FORM PER CHILD)

PHYSICAL EXAM FOR ALL PARTICIPANTS IS SUGGESTED AT LEAST EVERY TWO YEARS

Please check here if interested in camp () Fee _____

Please circle one: Male Female T-Shirt Size: Youth SM Med L XL Adult SM Med L XL 2XL 3XL

Participant's Name _____ Age _____

Address _____ Date of birth _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

IN CASE OF EMERGENCY

Contact # 1
Name _____

Contact # 2
Name _____

Address _____

Address _____

Home # _____

Home # _____

Cell # _____ Work # _____

Cell # _____ Work # _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

MEDICATIONS CANNOT BE GIVEN TO ANY CHILD OR ANYONE EMPLOYED BY THE SURRY COUNTY PARKS AND RECREATION DEPARTMENT.

Name of Participant's Physician _____

Physician's Telephone _____

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for _____
(Participant's Name)
to participate and to be photographed for publicity purposes. I will not hold the COUNTY OF SURRY, THE DEPARTMENT OF PARKS AND RECREATION and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the Surry County Department of Parks and Recreation prior to participation in this program.

Parent/Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Amount Paid _____ () M.O. () Cash () Check # _____ Receipt \$ _____ Received by _____ Date _____