



STATESBORO-BULLOCH

Parks and Recreation

PROGRAM REGISTRATION FORM

Date: _____ Area: _____

**Please complete if participant is under the age of 18.*

*Participant's Name: _____ *Age: _____ *Birthdate: _____

*Guardian's Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone @ Home: _____ Work: _____ Mobile: _____

School: _____ Grade: _____

Please check: Statesboro Resident _____ County Resident _____ Male _____ Female _____

Emergency Contact: (other than parent) _____ Phone: _____ Relation: _____

Doctor: _____ Special Medical Info: _____

***Parental Release:** I, the above participant and/or guardian of the above participant, fully understand that in case of an emergency and/or injury, I will not hold the Statesboro-Bulloch County Parks and Recreation Department, its staff, nor Bulloch County responsible. I also hereby give the Statesboro-Bulloch County Parks and Recreation Department permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the Department for promotional and information purposes in print, on the Department website, and in other media.

Parent/Guardian Signature

Date

***Insurance:** I, the above participant and/or guardian of the above participant, am aware that the Statesboro-Bulloch County Parks and Recreation Department offers insurance; however, I choose not to purchase this coverage at this time.

Parent/Guardian Signature

Date

For Office Use Only:	Quarter: _____	Year: _____	Receipt#: _____	Staff: _____
	Program/Activity: _____	Amount Paid: \$ _____	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash