

- Mainland
- St. Simons Island

Glynn County Recreation Department Sport Registration

Height _____
Weight _____

20

Name _____

Birthdate _____ (Last) _____ (First) _____ (Middle) _____
Sex _____ Age _____

Do you have insurance? Yes No Do you want insurance? Yes No

Parent's Name _____

Address _____ Zip _____ Telephone H _____

E-Mail Address _____

Emergency Contact _____ W _____

Name _____ Telephone _____

Are You Interested in Coaching? _____

OFFICE USE ONLY

League _____ Team _____ Age _____

Glynn County Recreation Department Parent or Guardians Permission (Covenant Not to Sue)

I, as parent or guardian, hereby give my consent for _____
_____, my (son) (daughter) to participate in the following activities:
_____; and in consideration of Glynn County allowing my (son) (daughter) to
participate in this activity, or any related activities, and for other good and valuable consideration, I
hereby covenant and agree not to sue Glynn County, or any employee, or coach thereof, and hereby
release and forever discharge Glynn County, or any officer, agent, employee, or coach thereof, from
any and all claims, demands, rights and causes of action of whatsoever kind and nature for any
damages including bodily or personal injury sustained by my child and arising from his or her partici-
pation in such activity, sponsored by Glynn County, including transportation to and from the activity.
I authorize any official, employee, agent or coach of Glynn County associated with the program to
obtain, through a physician of its own choice, any emergency medical care that may seem to them to
be necessary for my (son) (daughter). I agree to pay the cost of all medical and associated services
rendered.

I HAVE READ AND FULLY UNDERSTAND THIS FORM.

PARENT OR GUARDIAN