Washington County Recreation
Registration Form
(Required)
Please Print

Participant Name: _____ Date of Birth_____
Last First MI Mon. Day Year

Address: _____
Street Address/PO Box City State Zip

Phone #_____-_____-_____ Social Security #_____-_____-_____

Parent/Legal Guardian: _____ Phone#____-_____-_____
(if under 18 yrs) Last First Mi Emergencies

Activity/Sport_____ Today's Date_____
Mon. Day Year

Fee Paid at Registration $_____ Balance Due in 30 days$_____

Physician's Name: _____ Phone: _____

Participants Medical History (allergies, recent or medical conditions, etc)
_____

Risk Acknowledgement and Consent to Participate Statement
(Registering participant will NOT be allowed to participate until this section is completed)

I or my child wishes to participate in the sport of _____ in the Washington County Recreation Program during the _____ season, and abide by the Rules and regulations set forth for Recreation

I realize that there are risks involved in my or my child's participation.

I understand that a medical physical may be required depending on medical history.

I understand that the risk to me or my child includes a full range of injuries from minor to severe.

I recognize the possibility that these injuries could result in death, paralysis, or other permanent disabilities as result of my or my child's participation in this sports program.

I agree to accept this risk as a condition of my or my child's participation.

Participant's Signature (if 18 yrs, or older) _____ Date_____
(REQUIRED)

Participant's Parent/guardian's Signature_____ Date _____
(REQUIRED)