

Bertie County Parks and Recreation

Participation Form

Name _____

DOB _____ Sex _____ Age _____ Size (YS) (YM) (YL) (AS) (AM) (AL)
Please circle one

Parent's or Guardian's Name _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Activity _____

I have enrolled my child in the activity listed above that is offered by the Bertie County Recreation Department. I, the parent or guardian of the above individual name, acknowledge that participation in athletics events involves risk of physical injury and I acknowledge that I am assuming that risk. I further acknowledge that the programs of the BCRD are primarily coached by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual in its programs, I hereby release, discharge, hold harmless and covenant not to sue BCRD, its employees, volunteers and other representatives from any claims arising out of relating to any physical injury that may result to said individual while participating in BCRD sponsored event, including any physical injury caused by the negligence of any official referee or coach while performing his/her duties during any practices or games, and agree to indemnify and defend BCRD, its employees, volunteers and other representatives from any such claims.

X _____
Signature of Parent or Guardian Date

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant conditions.
Yes _____ No _____

If yes, please state problems below _____
