Playground _____

HARRISON COUNTY PARKS AND RECREATION
Summer Registration Form
PLEASE PRINT LEGIBLY

_____ _____ _____ ____/_____/_____
First Name Last Name Sex Birth Date

Lives With (Guardian/Father/Mother/Both) _____ Grade _____

Father/Guardian Information	Mother/Guardian Information
Name:	Name:
MAILING Address:	MAILING Address:
City/Zip Code:	City/Zip Code:
Home Phone: (Must Include Area Code)	Home Phone: (Must Include Area Code)
Work Phone: (Must Include Area Code)	Work Phone: (Must Include Area Code)
Pager/Cell Phone: (Must Include Area Code)	Pager/Cell Phone: (Must Include Area Code)

Medical Information/Allergies, etc.

Chronic or recurring illnesses:

Current Medications (HCPRC Staff will not disperse medications)

Doctor's Name: Doctor's Phone Number:

Insurance Company: Insurance Number:

I/We, the parents and/or guardian of the above named participant in the named HCPRC Program hereby give my/our approval to participate in any and all activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Harrison County Parks and Recreation Commission and its staff, the Harrison County Commission, property owners, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an injury or property damage to my/our child. The undersigned consents to any and all emergency medical treatment which may be deemed advisable by his/her physician or emergency squad. The intention being to grant authority for emergency transportation and to administer any examinations, diagnostic procedures, and treatment deemed necessary if contact cannot be made with Parent or Guardian. Parent or Guardian will be responsible for all costs incurred. The undersigned also assumes responsibility to read, acquire understanding of, and abide by all rules and program objectives and to inform the staff of all pertinent medical information for the participant. I/We agree to return upon request any equipment issued to my/our child in as good a condition as when issued except for normal wear and tear. I/We will furnish a copy of a birth certificate, and a copy of grade verification (when required) of the above named candidate to the HCPRC staff at the time of registration.

During H.C.P.R.C. Programs, photographs or tapes may be made of the participants in the program. These might be used in the newspaper, on our website or in publicity about the program. Your answer does not affect your child's participation in the H.C.P.R.C. Programs. Please check which ones we may use:

_____ *Photographs* _____ *Video Tapes*

_____ _____
Signature of Parent or Guardian *Date*

Revised 5-18-12