

CHILD'S NAME (AS IT APPEARS ON BIRTH CERTIFICATE) – Please print.											
_____				_____				_____			
First				MI				Last			
Date of Birth:	M	M	D	D	Y	Y	Y	Y	Age:	Sex:	T-shirt Size:
Street Address								City		Zip Code	
School								Grade		COUNTY	

I, guardian hereby give my approval to his/her participation in all sports activities during the summer program. I assume all risk and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Doraville, the organizers, sponsors, supervisors, participants, and person transporting my child to or from activities, from any claim arising out of an injury to my child.

I hereby relinquish to the City of Doraville all rights, title and interest I may have, including all rights of copyright and copyright renewal, in the recordings, outtakes, reproductions and copies of any video and/or video recording(s), or imprints, negatives, reproductions, and copies of any photograph(s) and negative(s). +

Fitness of Child(ren) : I/We declare that my child(ren) is physically sound, or has been approved by a medical practitioner, to participate in this event.

INSURANCE: Do you have insurance coverage YES NO. Provider Name: _____

Physical limitations, Allergies, and Medications, etc. Can your child swim? YES NO

Name of parent(s) or legal guardian(s), if applicable – Please print.		
Home Phone	Work Phone	Cell Phone
Home Phone2	Work Phone2	Cell Phone2
Email Address1	Email Address2	
*Signature - I/We have read this consent, release, and waiver, and understand its contents and voluntarily agree to be bound by this document.		Date:

FOR OFFICE USE ONLY

1 st Week Paid: _____	Ck#: _____	Receipt#: _____	Received by: _____
2 nd Week Paid: _____	Ck#: _____	Receipt#: _____	Received by: _____
3 rd Week Paid: _____	Ck#: _____	Receipt#: _____	Received by: _____
4 th Week Paid: _____	Ck#: _____	Receipt#: _____	Received by: _____
5 th Week Paid: _____	Ck#: _____	Receipt#: _____	Received by: _____
6 th Week Paid: _____	Ck#: _____	Receipt#: _____	Received by: _____
7 th Week Paid: _____	Ck#: _____	Receipt#: _____	Received by: _____
8 th Week Paid: _____	Ck#: _____	Receipt#: _____	Received by: _____