

CHILD'S NAME (AS IT APPEARS ON BIRTH CERTIFICATE) – Please print.											
First				MI				Last			
Date of Birth:								Age:		Sex:	T-shirt Size:
Street Address								City		Zip Code	
School								Grade		COUNTY	
<input type="checkbox"/> Soccer	<input type="checkbox"/> Baseball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Basketball	<input type="checkbox"/> Tackle Football	<input type="checkbox"/> Other _____	#of yrs. played? _____					

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Doraville Recreation Department/The City of Doraville its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessor of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

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 Address 1	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:

*NO REFUNDS AFTER THE FIRST WEEK OF PRACTICE.

**PAYMENTS
FOR OFFICE USE ONLY**

Amt. Due: _____ Amt. Pd: _____ Bal. Due: _____ Date Pd: _____ Payment Type: _____
 Amt. Due: _____ Amt. Pd: _____ Bal. Due: _____ Date Pd: _____ Payment Type: _____

Payment Received: _____ Received by: _____
 Payment Received: _____ Received by: _____