VILLA RICA PARKS & RECREATION DEPARTMENT
REGISTRATION / WAIVER FORM

CLASS / ACTIVITY: _____

Child's Legal Name

Address | City

Zip Code | Phone | Child's Age

E-mail Address

School | Grade

Any Physical Problems We Should Know About?

FATHER'S NAME | WORK PHONE

MOTHER'S NAME | WORK PHONE

EMERGENCY INFORMATION

Contact Person _____ **Phone Number** _____

Relationship _____

POLICIES AND DISCLAIMER:

I fully understand that Villa Rica Recreation Department staff members are not physicians or medical practitioners of any kind. I hereby release the VRRD staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the VRRD staff to call our doctor and to seek medical help, including transportation by a VRRD staff member or it's representatives, whether paid or volunteer, to the health care facility or hospital of my preference, or the calling of an ambulance for said child should the VRRD staff deem this to be necessary. I recognize my obligation to make my child and myself aware of the risks and hazards associated with the sport activity enrolled in. I further recognize that my child may suffer injuries, possibly minor, serious or catastrophic in nature and recreational sports can be dangerous and can lead to injury.

I agree to indemnify, protect and hold harmless VRRD; it's officials, employees, agents, and servants from any and all claims, demands, actions, suits, damages, loss and expenses of whatever kind or nature to any person or to any property arising out of or in conjunction with this activity. I, the undersigned, hereby understand that insurance, which would cover my child in the event of injury in any activity sponsored by VRRD, is my responsibility. I also understand that VRRD strongly recommends that if I do not have sufficient insurance to cover such incidents, that I take necessary action to obtain it.

I give the staff of Villa Rica Recreation Department permission to obtain a copy of my child (ren) birth certificate from any school in the Carroll County School System.

Parent or Guardian Signature _____ **Date** ____ / ____ / ____

Receipt # _____ **staff initials** _____

Gymnastic classes ONLY: By signing this, I am certifying that I understand my responsibility of pre-payment for this class by the third (3) week of the month I am participating in, in order to reserve my slot for next month.

Parent Signature _____