

# **BOWDON REC. DEPT. REGISTRATION FORM**

Child's name: \_\_\_\_\_ Sport: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F Grade: \_\_\_\_\_

School: \_\_\_\_\_

Emergency Contact **Outside** of home:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

**CONSENT FOR TREATMENT**

I authorize such physicians or medical staff as the Bowdon Rec. Department may designate to carry out any medical treatment including emergency room treatment or hospital cares which may be necessary. I further authorize the hospital and its medical staff to provide medical treatment deemed necessary by them. It is understood that I will be contacted by telephone, if possible, for instruction. The physicians, organizers, officers, director, agents and employees of Bowdon Rec. Dept. as well as the City of Bowdon are hereby released, acquitted and discharged from any claim of damage during the event or program.

Signature: \_\_\_\_\_

**CONSENT TO PARTICIPATE**

I, the parent or guardian of the above named minor do hereby give permission for them to participate in the above named program under the direction of the Bowdon Rec. Dept. It is my understanding that participants in these activities will be assigned to teams without regard to their personal transportation needs. I UNDERSTAND THAT BOWDON RECREATION DEPARTMENT IS NOT RESPONSIBLE FOR THE TRANSPORTATION FOR ANY PARTICIPANTS IN OUR PROGRAMS. I take full responsibility for the return of any equipment, uniforms, etc. that is the property of the Bowdon Recreation Dept. that is assigned to my child. No rowdiness, profane language or display of un-sportsmanlike conduct will be tolerated from players, spectators, parents or coaches. Anyone failing to comply will be asked to leave the facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_