HART COUNTY RECREATION & PARKS DEPARTMENT

Participant Registration/Medical Release Form

Sport/Program: □ Basketball Football □ Cheerleading □ Flag Football

Flag (5-6) 6U 7U 8U 9U 10U 11U Other_____

Child's Name: _____

□ Male □ Female Age:_____ Date of Birth:_____

(as of August 1, 2025)

Address:_____

City, State, Zip: _____

Phone Number:_____ email: _____

School: _____

Medical:

Please list any allergies, medical conditions, physical disabilities, including those requiring medication (i.e. Diabetes, Asthma, etc.)

Medical Condition	Medication	Dosage	Frequency of Dosage

The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or affect treatment.

Emergency Contact: (Different than the primary contact)

Name: _____

Phone #_____ Relationship to participant: _____

The undersigned, parent/legal guardian, does hereby consent to the above named child's participation in the Sport/Program listed above, and further does hereby release Hart County, Georgia; the Hart County Recreation Department, its directors, employees, officers, staff, agents, and volunteer workers, their heirs, successors, administrators and assigns, from any and all liability on account of any and all claims of every nature, specifically including, but not limited to, claims for bodily injury, which the above named minor child may incur as a result of participation in the Sport/Program listed above. The undersigned further acknowledges that he/she has no knowledge of physical or medical conditions that would require an accommodation, or that would impair the above named child's ability to participate in the Sport/Program listed above. The only known physical or medical conditions of the above named child are those set forth herein above.

_____ _____

Signature of Parent or Legal Guardian Date

Notes by Parents: _____

_____

----------BELOW FOR FOOTBALL ONLY----------

Equipment:

I, the undersigned parent or guardian, agree that if I am required to lease football equipment from the Hart County Recreation Department for my child during the football program season, I will be responsible for returning the equipment. I understand that if I do not return the equipment leased to my child, I will be financially responsible for reimbursing the Recreation Department for the replacement value of new equipment. If I do not fulfill my obligation, I understand that the County will take legal action against me to recover its loss.

Equipment is due within one (1) week after the season has concluded.

Equipment replacement cost: **Helmet - $200.00**, **Shoulder Pads - $100.00**

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Print Name listed above

Helmet #: _____ Shoulder Pads #: _____

Proof of Residence:

I, _____ (parent/guardian), authorize Hart County Board of Education, permission to release my child's, _____ (child's name) personal summary report to the Hart County Recreation and Parks Department.

_____ _____
Signature of Parent or Legal Guardian Date

----------Staff Use Below----------

Amount Paid	Date Paid	Payment method (ck, cash, etc.)	Receipt #	Staff Initials