



# Metter – Candler Recreation Department

## REGISTRATION FORM

Date: \_\_\_\_\_ Program/Activity: (Circle One) Baseball Softball Football Basketball Soccer Cheer Flag Tennis

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian/Parent's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Male  Female

Are you a Candler County Resident? Yes  No  If No, what county do you live in? \_\_\_\_\_

Emergency Contact (Other Than Parent): \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Doctor: \_\_\_\_\_ Special Medical Info: \_\_\_\_\_

**\*\*Parental Release: I, the above participant and /or guardian of the above participant, fully understand that in case of an emergency and/or injury, I/will not hold the Metter – Candler Recreation Department , it's staff, nor Candler County responsible. I also hereby give the Metter – Candler Recreation Department permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the Department for promotional and information purposes in print, on the Department website, and in other media.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<b>For Office Use Only</b>	MCRD Staff Member (Taking Registration): _____
	Amount Paid: \$ _____ Receipt #: _____ Check #: _____ Cash: <input type="radio"/>