# Metter – Candler Recreation Department

# REGISTRATION FORM

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

Participant's Name: _____ Age: _____ Birthdate: _____ Phone: _____

Guardian/Parent's Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Shirt Size: ◯ YXS ◯ YS ◯ YM ◯ YL ◯ YXL ◯ AS ◯ AM ◯ AL ◯ AXL

School Attending: ---------- ◯ MES ◯ MMS ◯ MHS ◯ DEA 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: _____

Special Medical/Allergy 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, its 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 informational purposes in print, on the Department website, and/or in other media.*

_____ _____

*Parent/Guardian Signature* *Date*

**For Office Use Only**

MCRD Staff Member (Taking Registration): _____

Amount Paid: $_____ Receipt #: _____ Check #: _____ Cash: ◯