

Emergency Contact: Name

Phone

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Address

Waiver/Disclaimer:

I, the parent [guardian of the individual named on this registration form, acknowledge that participation in athletic events involves risk of physical injuries. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in the Blountsville Park & Recreation Department Sports Program, I hereby release, discharge, and hold harmless the Town of Blountsville, its volunteers and all other representatives of the Town from any claims arising of or relating to any injury that may result to said individual during any Park and Recreation Department sponsored event, including any injuries caused by the negligence of any official, referee, coach, Park and Recreation Department volunteer or representative while performing his/her duties during any practices, games, or transporting of individuals to and from Park and Recreation events or practices. I further agree to return, upon request, all program supplies and equipment in the same condition as received, with the exception of any wear experienced through normal use. The insurance provided by each program is a secondary policy when you have any other medical or accident insurance, but will be treated as primary coverage if the above individual is not otherwise covered. Monies paid at registration will not be refunded unless individual does not meet the qualifications of the program(s) he/she is registering for.

I have read and acknowledge receipt of program rules attached.

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Parent or Guardian

Date