

(PLEASE PRINT LEGIBLY)

Child's Name _____ Birth Date: _____

Street Address: _____

City & Zip Code: _____

Home Phone: _____ Work Phone _____

Resident Within City Limits: _____ Resident Outside City Limits _____

Birth Certificate on File: Yes No

RECREATION DEPARTMENT SIGNATURE

Please Initial By Program: Baseball () Softball () Football () Soccer ()
Cheerleading () Summer Program () Basketball ()

Person to Notify in Case of an Accident: _____

Address: _____ Phone No. _____

The above Registered individual agrees to become an active member of the McCormick Recreation Department program and promises to faithfully abide by the rules and regulations.

Receipt#:

PARENT OR GUARDIAN'S SIGNATURE

Team Last Year: _____

(OVER)

I, _____ parent or legal guardian of
_____ do hereby agree and
consent to his/her participation during the _____ season in the County of McCormick Parks and Recreation
Department Program as indicated above, and do hereby release the County of McCormick and its representatives
from any and all claims for damages for personal injury, disease or death. Also, I (do / do not) give consent for any
child to ride the activity bus for trips sponsored by the McCormick Recreation Department.

Signed _____

Date _____

List of Medical Problems _____

Allergies _____

Medications _____

Shirt Size () y-s () y-m () y-l () a-s () a-m () a-ml () a-xxl () a-xxxl