



TIFT COUNTY RECREATION DEPARTMENT
REGISTRATION FORM

Class/Sport/Activity: _____ Date Completed: ____/____/____

Participant/Child's Last Name: _____ First Name: _____ Mi.: _____

ADDRESS (No P.O.Box or Business): _____

CITY: _____ STATE: _____ ZIP CODE: _____

Do you live in the City of Tifton () YES or County of Tifton () YES

If neither what City/ Unincorporated County do you legally reside in? _____

DATE OF BIRTH: ____/____/____ AGE: _____ SEX (M/F): _____

If Participant is under the age of 18, please provide the following information:

Parent(s) Info (*MINOR ONLY*): Mother: _____ Father: _____

Mother - Work Ph.: _____ Mother - Mobile Ph.: _____ M Email: _____

Mother's Place of Employment & Address: _____

Father - Work Ph.: _____ Father - Mobile Ph.: _____ F Email: _____

Father's Place of Employment & Address: _____

Participant/Child's School Name & School District with County: _____

Shirt Size (if applicable) (Circle one): Youth: __ YSM __ YMED __ YLG

Adult: __ ASM __ AMED __ ALG __ AXL __ AXXL __ AXXXL

Have you participated in an Activity before with TCRD? : () Yes () No

OPTIONAL - PARTICIPANT RECREATION INSURANCE - *MINOR ONLY* (\$7.50 PER CHILD)

() I DO want () I DO NOT WANT

Please list any medical condition of which you would like for us to be aware: _____

Name Emergency Contact Information (*OTHER THAN PARENT FOR MINORS*): _____

Contact Phone: _____ Relation: _____

PARTICIPANT/GUARDIAN SIGNATURE: _____ Date: _____

By signing above, I am confirming I have legal authority as Parent/Legal Guardian to register my child to participate in the program.

*****FOR TCRD USE ONLY*****

REGISTRATION FEE: _____ CK#/DC/CC/EC/\$: _____ DATE: ____/____/____ REC'D BY: _____

UNIFORM FEE: _____ CK#/DC/CC/EC/\$: _____ DATE: ____/____/____ REC'D BY: _____

INSURANCE FEE (OPT'L): _____ CK#/DC/CC/EC/\$: _____ DATE: ____/____/____ REC'D BY: _____

DATE ENTERED IN COMPUTER: ____/____/____ ENTERED BY: _____

(SEE FRONT AND BACK OF FORM)

Refunds: No refunds will be given after team selections for team sports or first day of class/activity for special programs. Full refunds may be made if requested at least one full week prior to team selection and/ or class start time.

Waiver and Release/Indemnification: I do hereby on behalf of myself/my minor child, my heirs, executors and assigns, agree to waive, release, indemnify and hold harmless Tift County, the Tift County Board of Commissioners, and Tift County Recreation Department(TCRD), and their respective Employees, Volunteers, Officials, Agents, Sponsors, Supervisors, Participants and Persons Transporting of myself/my minor child to and from activities, from any and all liability for any damage or injury which may occur or result, regardless of the cause, from my or my child's participation in the Program, including without limitation, for injury, death, damage, property damage, and/or other liability of any nature arising out of or relating to the Program. This release of liability shall apply to any claim, demand, suit or right of action that might accrue, including claims of negligence. I do hereby covenant that for myself/my minor child I waive the right to file a claim or bring suit with respect to any such injury or damage, and if someone on behalf of my minor child brings a claim I will defend the above entities against any such claim, this duty to defend including all attorneys' fees, expert fees, court costs, or any other reasonable and necessary expense to manage any claim, law suit, litigation, or action of any kind. I further agree not to seek contribution or indemnification from any of the parties listed above if I am sued by any party in connection with my participation in the Program. I hereby acknowledge that there are obvious risks of injury involved in participation in all sports activities and, specifically, the sports activity for which I/my child have registered as set forth above. I agree on behalf of myself/my minor child to participate in the Program with full knowledge of the conditions contained herein.

Images and Recordings: On behalf of myself and/or my minor child, I hereby grant Tift County and TCRD the right and permission to use, produce, edit, exhibit, project, display, copyright and/or publish my and/or my minor child's image(s) or likeness developed during participation in the Program, and to circulate the same in all forms and media for any lawful purpose whatsoever. I waive the right to inspect or approve the image. I further release, discharge and agree to waive Tift County and TCRD from any liability for violation of any personal or proprietary right that I may have in conjunction with said image(s) and with the use thereof. I understand that I will receive no compensation in connection with the use of any image(s).

Medical Condition: I represent and warrant that I, or my minor child has no physical or mental infirmity or condition which will prevent participation or create additional risk through Participation. I agree that it is my responsibility to stop participation if there is any indication that it might be unsafe or detrimental to my child's wellbeing.

Consent of Treatment: I also hereby give permission to a representative of the TCRD and/or other Sponsoring Agency/Agent, Licensed Physician, and Emergency Medical Personnel to obtain medical treatment for myself or my minor child of which I am either parent/legal guardian in the event I am not available and medical treatment is required. By signing my or my child's name below as a participant, I acknowledge health or accident insurance which would cover myself/my minor child's medical, hospital, or related expenses in the event of an injury in this activity is my responsibility.

Concussion Information:

By signing below, I agree that I have reviewed and been provided a written or electronic copy of the TCRD Activity Guide, TCRD Activity Registration Form & the Parent/Athlete Concussion Information Sheet. I understand that concussions are one of the most commonly reported injuries in children who participate in sports and recreational activities. I further understand that the risk of long-term, chronic cognitive, physical, and emotional symptoms associated with the development of post-concussion syndrome and chronic traumatic encephalopathy, as well as the risk of catastrophic injuries or even death, is significant when a concussion or head injury is not properly recognized, evaluated, and managed. I further recognize that continuing to play with a concussion or symptoms of head injury leaves a youth athlete especially vulnerable to great injury and even death. I understand and agree that should my child exhibit signs of a concussion I

will remove my child from play/activity immediately and not allow my child to participate until a health care professional has released my child to resume activity.

TCRD Sportsmanship Policy- Code of Conduct:

The Tift County Recreation Department (TCRD) and the Athletic Advisory Committee (AAC) believe that sportsmanship is a core value and its promotion and practices are essential. Participants/parents/officials/administrators and spectators have a duty to assure that their teams/ communities promote the development of good character. This code of conduct applies to all participants and spectators involved in athletics and TCRD sponsored activities.

1. Will advocate, model, and promote the development of good character to include:
Trustworthiness, respect, responsibility, teamwork, fairness, caring, and citizenship while promoting emotional, physical, and moral well-being above desires and pressure to win.
2. Will respect peers, coaches, officials, opponents, and others associated with the event.
3. Will promote fair play and uphold the spirit of the rules in the activity.
4. Will model appropriate behavior at all time.
5. Will engage in a healthy lifestyle.

Verification of Information Provided: I affirm all information or data on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this form may result in my and /or my child's exclusion from further consideration or participation in recreation programs and activities.

I have read and fully understand the provisions of the above releases and will be bound thereby.

Upon request, documentation acceptable to TCRD staff confirming proof of residence will be required for participation.

Permission to Participate granted by (please print): _____

Relation of person granting permission: _____ Date: _____

"Warning under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. You are assuming this risk by entering these premises."