

Graham County Recreation

Player Name: _____ Age: _____ (8/1)

911 Address: _____

Date of Birth: _____ Grade: _____

Parent/Guardian: _____ Coach: Yes No circle one

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Player's Shirt/ Jersey Size: _____ Ex: Youth Medium Requested #: _____

Player's Pants/ Short Size: _____ Ex: Youth Medium

Please Attach Following Items:

- Physical
- Copy of Birth Certificate

Medical Release

Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices or games, both home and away. Your child is insured and in order that no unnecessary delays occur that may jeopardize the health of your child, Graham County Rec (GCR) requests your permission to seek emergency treatment. I hereby grant GCR to administer first aid, secure proper treatment, or seek emergency treatment. Provided they are unable to communicate with me and according to their judgment.

Print Name: _____ Signature: _____

Graham County Recreation Conduct Rules

Rule #1: Any parent/guardian or spectator who approaches a coach in a hostile manner to discuss anything will be subject to a fine (\$50- \$150) or banned from the sport for remainder of the season.

Rule #2: There are specific boundaries that parents/guardians must abide by during practice or games. If these boundaries are breeched at any time for any reason other than injuries then the following actions will be taken:

- 1st Offense: Coach will ask you to leave practice/game area
- 2nd Offense: Problem will be turned over to me
- 3rd Offense: Either a fine or banned from the league will result

Anything not covered under these rules will be handled at the discretion of the Graham County Recreation Director.

By signing this I confirm that I have read, understand and will abide by the rules stated above and will agree to the consequences for breaking any of the rules.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Liability Wavier

I, _____ (Parent/Guardian), do hereby sign this waiver of liability in that I do not hold the Recreation Director, Graham County Commissioners, Coaches, or Graham County Recreation liable for any injuries that _____ (child) has sustained in Graham County Recreation Youth Programs.

Signature: _____ Date: _____

Equipment Form

By signing this form you are agreeing to return all equipment to the Graham County Recreation Department (GCRD) or will pay in full the value of the equipment at new price. If equipment is not turned in or sufficient reimbursement is not provided to the GCRD then the child who retained the equipment will forfeit their right to participate in any other activity offered by the GCRD until one of the two methods are meet. It's the PARENT responsibility to bring the uniform back.

Signature: _____ Date: _____