



Crisp County Recreation Department
1205 N 5th Street Ext
Cordele, Ga 31015
(229) 276-2797

For CCRD use only:
Date ___/___/___ Amount _____
Check _____ Cash ___ Credit ___
Birth Certificate ___yes ___no
Registered by _____

Activity Registration Form

Boys Basketball age on Sept 1, 2019: ___
Girls Basketball age on Sept.1, 2019 : ___
Boys T-Ball age on Sept 1, 2019: ___
Girls T-Ball age on Sept. 1, 2019: ___
Baseball age on Sept. 1, 2019: ___
Softball age on Sept. 1, 2019: ___

Track age prior to Jan. 1, 2020: ___
Soccer age on Sept. 1,2019: ___
Football age on Sept.1, 2019: ___
Cheer age on Sept. 1, 2019: ___
Sports Camp _____:

Jersey Size: YXS YS YM YL YXL AS AM AL AXL AXXL Male/Female

Please Print:

Participants First Name: _____ Last Name: _____ MI: ___ DOB: ___/___/___ Grade ___ Age ___

Parent First Name: _____ Last Name: _____ MI: ___ Parents Date Of Birth: ___/___/___

(As Needed)

Other Guardian First Name: _____ Last Name: _____ MI: ___ Guardian Date Of Birth: ___/___/___

(As Needed)

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

Home number : _____ Mother's Cell: _____ & Cell Provider: _____

Email: _____ Father's Cell: _____ & Cell Provider: _____

Do you/your child have any allergies (medications, food, insect bites,etc.) or medical problems we should know about?

YES NO If yes please list specifics: _____

Please list (2) emergency contacts for accidents:

Name: _____ Phone: _____ Name: _____ Phone: _____

WOULD YOU BE INTERESTED IN COACHING? YES NO Contact number for Coach: _____

Participation/Transportation Consent/Policies & Procedures:

I HEREBY GIVE PERMISSION FOR THE PARTICIPANT LISTED TO PARTICIPATE IN THE ACTIVITY LISTED ON THE REGISTRATION FORM AND THAT EVERY CANDIDATE IS REQUIRED TO BE EVALUATED BEFORE THE DRAFT. 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 OR MY CHILD HAVE REGISTERED AS SET FORTH ABOVE, I OR THE PARENT/GUARDIAN OF SAID PARTICIPANT, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND SO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS CRISP COUNTY RECREATION DEPARTMENT, CRISP COUNTY COMMISSIONERS AND ITS EMPLOYEES AND AGENTS, THE SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING THE PARTICIPANT TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF THE INJURY TO THE PARTICIPANT. I DO HEREBY COVENANT THAT ON MY BEHALF AND FOR THE MINOR NOT TO FILE A CLAIM OR BRING A SUIT WITH RESPECT TO ANY INJURY OR DAMAGE. I FURTHER UNDERSTAND THAT I WILL FOLLOW ALL THE RULES OF CCRD AND RESPECT OFFICIALS EVERY GAME. IF MY CHILD, I OR SPOUSE SHOULD EXHIBIT CONTINUE UNSPORTSMANLIKE CONDUCT, I/WE MAY BE REMOVED FROM THE PROGRAM AT THE DISCRETION OF THE DEPARTMENT. I ALSO UNDERSTAND THE ABOVE NAME CANDIDATE WILL PLAY FOR WHATEVER TEAM/COACH THE CANDIDATE IS DRAFTED TO. NO EXCEPTIONS! PERMISSION IS GRANTED FOR PARTICIPANT TO APPEAR IN STILL OR MOTION PICTURES USING NAME FOR EDUCATIONAL, PROMOTIONAL OR OTHER PROPER PURPOSES. I/WE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF; I/ WE UNDERSTAND AND ACCEPT THE TERMS SET FORTH ABOVE.

REFUNDS: NO REFUND WILL BE GIVEN ONCE A CHILD HAS BEEN PLACED ON A TEAM!!!

SEE BACK FOR ADDITIONAL INFORMATION!



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Consent of Treatment:

I ALSO GIVE PERMISSION TO A REPRESENTATIVE OF THE CRISP COUNTY RECREATION DEPARTMENT AND/OR OTHER SPONSORING AGENCY/AGENT, LICENSED PHYSICIAN, AND EMERGENCY MEDICAL PERSONNEL TO OBTAIN MEDICAL TREATMENT FOR MYSELF OR THE MINOR FOR WHICH I AM EITHER PARENT/GUARDIAN SHOULD THE CHILD BECOME INJURED OR ILL IN THE EVENT I AM NOT AVAILABLE TO MEDICAL TREATMENT IS REQUIRED. THE PHYSICIANS, MEDICAL PERSONNEL, AGENTS, CRISP COUNTY COMMISSIONERS, OR EMPLOYEES OF THE CRISP COUNTY RECREATION DEPARTMENT ARE HERBY RELEASED FROM ANY CLAIM WITH RESPECT TO SUCH INJURY DURING THE EVENT OR PROGRAM, INCLUDING TRANSPORTATION TO OR FROM THE EVENT AND/OR TO ANY PROGRAM. I UNDERSTAND THAT IF HOSPITALIZATION OR MEDICAL TREATMENT OF A MORE SERIOUS NATURE IS REQUIRED I WILL BE CONTACTED IF AT ALL POSSIBLE, BY TELEPHONE FOR PERMISSION. I HAVE READ AND FULLY UNDERSTAND THE PREVISIONS OF THE ABOVE RELEASES AND WILL BE BOUND THEREBY. I UNDERSTAND THAT HEALTH OR ACCIDENT INSURANCE WHICH WOULD COVER MY CHILD'S MEDICAL, HOSPITAL, OR RELATED EXPENSES IN THE EVENT OF AN INJURY IN THIS ACTIVITY IS MY RESPONSIBILITY.

Concussion Statement:

By signing below, I agree that I have been provided and have reviewed a copy of the CCRD Activity Calendar, CCRD 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.

Code of Conduct:

THE CRISP COUNTY RECREATION DEPARTMENT AND THE RECREATION ADVISORY BOARD 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 INVOLVED IN ATHLETICS AND TIFT COUNTY RECREATION DEPARTMENT SPONSORED ACTIVITIES.

1. PARTICIPANTS 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. PARTICIPANTS WILL RESPECT PEERS, COACHES, OFFICIALS, OPPONENTS, AND OTHERS ASSOCIATED WITH THE EVENT.
3. PARTICIPANTS WILL PROMOTE FAIR PLAY AND UPHOLD THE SPIRIT OF THE RULES IN THE ACTIVITY.
4. PARTICIPANTS WILL MODEL APPROPRIATE BEHAVIOR AT ALL TIME.
5. PARTICIPANTS WILL ENGAGE IN A HEALTHY LIFESTYLE.

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE PROVIDED INFORMATION IS TRUE AND ACCURATE. BY SIGNING MY NAME BELOW, I ACKNOWLEDGE THAT I HAVE READ AND WILL ABIDE BY ALL THE CRISP COUNTY RECREATIONS POLICIES AND PROCEDURES LISTED ABOVE.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THIS CODE OF CONDUCT AND ACKNOWLEDGE THAT I MAY BE DISCIPLINED OR REMOVED FROM A TEAM/ TOURNAMENT/ EVENT AND/OR FACILITY IF I VIOLATE ANY OF ITS PROVISIONS.

NAME of Parent/Guardian/Participant (Please Print)

SIGNATURE OF Parent/Guardian/Participant

_____/_____/_____
DATE

SEE BACK FOR ADDITIONAL INFORMATION!