

SEMINOLE COUNTY  
RECREATION DEPARTMENT  
808 Gip Avenue  
Donalsonville, Georgia 39845  
229-524-2890(office) 229-400-1304(cell)  
[www.seminolerecreations.com](http://www.seminolerecreations.com)

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SPORTS REGISTRATION APPLICATION

Please select the sport for which you are registering:

\_\_\_\_\_ Baseball \_\_\_\_\_ Softball \_\_\_\_\_ Tee-Ball \_\_\_\_\_ Football \_\_\_\_\_ Basketball \_\_\_\_\_ Cheerleading \_\_\_\_\_ Soccer

Special Requests: You may request that your child play on the same team as a sibling and/or ONE friend provided your child's name is placed on the sibling's/friend's registration form as well. Seminole County Recreation cannot guarantee all requests. Special Request: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE WITHOUT THE FULL PAYMENT AND A COPY OF THE CHILD'S BIRTH CERTIFICATE (Birth Certificates MUST be submitted for all children age 7 and older)**

**REGISTRATION FEE: \$35.00 for one child and \$25.00 for each additional child.**

Participant's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Age \_\_\_\_\_ Current School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Additional Phone Numbers \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

Child's shirt size: Youth Small(6-8) \_\_\_\_\_ Youth Medium(10-12) \_\_\_\_\_ Youth Large(14-16) \_\_\_\_\_

Adult Shirt Size: Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_ Other \_\_\_\_\_

Please list any health problems/special needs/medications that the staff and coaches should be aware of:  
\_\_\_\_\_

I give my child permission to participate in the Seminole County Recreation Department sports program. I am assuming all risks and hazards incidental to the conduct and activities associated with T-ball, baseball and softball. As a parent(guardian) I agree that all equipment issued to my child will be returned to the Seminole County Recreation Department at the end of the session or I will be responsible for replacing the equipment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

SEMINOLE COUNTY RECREATION DEPARTMENT

www.seminolerecreations.com

200 S. Knox Ave., Donalsonville, GA 39845 \* (229) 524-2878

PARENTAL PERMISSION TO TRAVEL,  
MEDICAL RELEASE AND LIABILITY WAIVER FORM

**Parental Permission:** For \_\_\_\_\_ (name of child). I hereby give the Seminole County Recreation Department permission for my above-named child to participate in the sports program. I acknowledge that some sports activities will be conducted off county or city property and involve transportation. I give my permission for my child to travel and participate in such activities. \_\_\_\_\_ (Initial)

**Medical Release:** I authorize the Seminole County Recreation staff to act on my behalf if medical treatment for my child is necessary. In the event of illness or injury to my child, I authorize the Seminole County Recreation Department to obtain medical treatment for my child and authorize medical services to be provided under the medical insurance identified below, or if none, at the expense of the Responsible Party identified below. \_\_\_\_\_ (Initial)

**Responsible Party:** Please identify the Responsible Party for payment of health care for the child. Provide this information in addition to providing the medical insurance card.

Responsible Party: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Liability Waiver:** I agree to hold the Seminole County Recreation Department, Seminole County, City of Donalsonville and all departments thereof harmless for any injury or medical or other health care problem my child may incur during my child's participation in the sports program, both on and off county or city property. I agree to pay all medical costs related to any injury or illness that my child may incur during my child's participation in the sports program. I further agree that the county or city shall not be responsible for payment of medical services for my child and acknowledge and agree that any city or county insurance that may exist does not cover my child's medical costs. \_\_\_\_\_ (Initial)

**Medical Information:** Does your child have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical insurance that provides health care coverage for my child is shown on the attached health insurance card. (Please attach a copy of your child's health insurance card.)

**Authorization to Release Child:** In the event my child requires medical care, as determined by the Seminole County Recreation Department Staff or requested by the child, I authorize the Seminole County Recreation Department to release my child to the custody of any one of the people named on my child's registration form as a parent/guardian or emergency contact.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_