## Walton County Parks & Recreation Department

## **Adaptive Sports Registration / Release Form**

Activity: Adapted Baseball Yea	ar: <u>2015</u> <b>Se</b>	ason: SPRING		
Participant Information (print)				
Name:	/	DOB:_	Age:	Sex:
Address:	(nic	kname) Citv/Countv/2	(a today <b>Zip:</b>	<b>'</b> )
Physical / Medical Disability:				
Shirt Size: YS YM				L
I understand that the uniform size				
Mother:	·		·	
lome #:	Ho	me #:		
Vork #:	W	ork #:		
Cell #:	Ce	ell #: Mail:		
acknowledge that the Walton County Park or programs. Being aware of this and acknowledge frisk or injury, I hereby waiver, release, all Parks & Recreation Department, their boar volunteers from any and all liability arising activity. I understand that the above named for transportation to or from the place of treatment agree to abide by the policies & programs.	owledging that part bsolve, indemnify, d of directors, emp out of any injury su d parties will not as atment. Only minor	cipation in any activity and agree to hold har loyees, coaches, instanced by the above some responsibility for first-aid will be admining the community of the	y involves a certain de mless the Walton Cou ructors, officials, and aid participant during to payment of medical this tered when necessa	rgree nty his treatment iry.
Photo Release  Your child could be part of our promotional The Parks and Recreation Department may participants may be used in the City's Recr I hereby grant the Walton County Parks & name, in any broadcast, telecast or print m	y take and use pho reation Guide, web Recreation Depart	site, local media and ment permission to u	e-newsletter publicatio se me, or my child's, lil	ns.
Parent / Guardian Signature	/ Print Na	ame	 Date	
Office Use Only Fee Paid: \$ Cash:	Chack #	Recei	ipt #:	Staff: