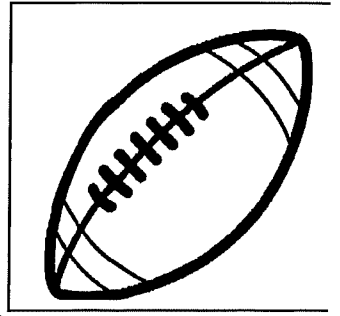


# Mitchell County Recreation



## Football Registration



## Registration

**July 27th - August 28th**

**Tackle Football 7-12**

**(\$50 Registration Fee)**

**Flag Football 5&6**

**(\$25 Registration Fee)**

**(age as of Sept. 1. 2020)**

We will be playing other agencies, so there will be travel.

Flag football games will be on Tuesdays.

Tackle football games will be on Saturdays.

Practices will depend on coaches' personal schedules.

Registration forms need to be completed and returned to Mitchell County Recreation. Registration forms can be picked up from and returned to 131 E. Bennett Street, Camilla. Registration forms can also be picked up from schools. If nobody is at the office there is a drop box that is available at anytime.

If unable to hand deliver form and payment, you may mail to Mitchell County Recreation, PO Box 813, Camilla, Ga. 31730.

No Cash payment accepted for registration fee. Checks & Money Orders need to be made payable to Mitchell County Recreation.

Questions? : Contact us at 229-336-2350, Monday thru Friday, 9:00am – 4:00pm

# Sign Up Now!

# MITCHELL COUNTY RECREATION DEPARTMENT REGISTRATION FORM

Circle Sport: **Tackle Football (\$50)**    **Flag Football (\$25)**                                  DATE: \_\_\_\_\_

Child Name: \_\_\_\_\_

ANY SIBLINGS IN SAME AGE GROUP? IF YES: NAME \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (as of September 1, 2020): \_\_\_\_\_

Sex:    Male                                  Female                                  SCHOOL: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please circle the correct size for your child:

Jersey Size: YXS    YS    YM    YL    AS    AM    AL    AXL

Weight: \_\_\_\_\_

Pants Size: YXS    YS    YM    YL    AS    AM    AL    AXL

**Parent interested in coaching: YES or NO**

**PARTICIPATION/TRANSPORTATION CONSENT:** I hereby give permission for the child named above to participate in the activity listed on the registration form. 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 have registered my child as forth above. I the parent/guardian of said child, assume all risks and hazards incidental to such participation including transportation to and from all activities, and do hereby waive, release, absolve and indemnify and agree to hold harmless the Mitchell County Recreation Department, Mitchell County, Mitchell County Commissioners and its employees and agents, the sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child, I do hereby covenant that on my behalf and for the minor not to file a claim or bring suit with respect to any such injury or damage. I further understand that Mitchell County Recreation programs are recreational and that if my child, I, or my spouse should exhibit continued unsportsmanlike conduct, my child may be removed from the program at the discretion of the department. Permission is granted for my child to appear in still or motion pictures using my child's name for educational, promotional or other proper purposes.

**CONSENT OF TREATMENT:** In the event of an injury, I hereby authorize MCRD personal and/or volunteers to administer first aid. Additionally, I authorize MCRD personal and/or volunteers to contact emergency medical treatment for my child. The physicians, medical personnel, agents, Mitchell County, Mitchell County Commissioners, or employees of the Mitchell County Recreation Department are hereby released from any claim with respect to such injury during the event of the 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 provisions 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. I understand participation or witnessing of participation includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and even death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation or witnessing. **Additionally, my signature below verifies that upon completing this registration form I was given a CDC fact sheet to inform me of the nature and risk of concussion and head injury in youth sports.**

**MISCELLANEOUS INFORMATION:** I also understand that any equipment that is provided to my child by the Mitchell County Recreation Department during participation of this activity is to be returned at the end of the regular playing season. If it is not returned, the Mitchell County Recreation Department is entitled to collect \$150 from me for the cost of the unreturned equipment.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_