



Edgefield County Recreation Department 2016-2017 Registration Form

Name:		Street Address:		City, State, Zip:	
Age:	Home Phone:		E-Mail Address:		Sex: M / F Circle One
Date of Birth:	Work Phone:		Cell Phone:		
	Edgefield County Resident Yes No Circle One	School:		Grade:	

I give my permission for my child to participate in the Edgefield County Recreation Basketball Program. I accept full responsibility for any injury which may occur, and in no way whatsoever, hold Edgefield County Recreation Department or any employee or representative of Edgefield County responsible.
All refunds will be subject to a \$25.00 administration fee charge! No refunds will be provided after the season begins!

Parent/Guardian Signature

Date

**NATIONAL YOUTH SPORTS COACHES ASSOCIATION
EMERGENCY Medical and Surgical Treatment Form**

The patient and other whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his or her physician recommends the patient's discharge in witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Minor - Patient

Parent or Guardian

Date

\$ _____ Amount Paid

Receipt Number _____

Initial _____

ADA Compliance: The lessee warrants that it is in compliance with the Americans with Disabilities Act (P.L. 101-336), and that it will, in carrying out the requirements of this lease, comply in all respects with provisions of the Act and its implementing regulations. Edgefield County Recreation activities are open to all persons without regard to race, color, national origin, age or handicap.

THIS PORTION WILL BE FILLED OUT BY YOUR RECREATION REPRESENTATIVE.

Date:

Received From:

_____ Dollars

Cash Check # _____

Registration Fee
\$40.00