Staff Initials	Office Registration F	Use Only				
	Insurance Birth Certificate					
	Bir eir eer errreate					
= ::	SON COUNTY RECREATION SUMMER PLAYGROUND					
NAME OF ACTIV	TTY REGISTERING FOR:		(regis	tration fee \$ 25.00)		
SHIRT SIZE (YOU	JTH) S ML (AI	OULT)) S	M L	XL_		
NAME	DATE OF BIR	TH	AGE			
ADDRESS		CITY	STATE	_ZIP		
HOME PHONE#_	IN CA	IN CASE OF EMERGENCY#				
PARENT WORK I	PARENT WORK PHONE#PARENT NAME					
PROGRAM LOCATIONSCHOOL ATTENDING						
DO YOU HAVE A	NY MEDICAL CONDITIONS YE	S_NO_IF YO	U CHECK YES	EXPLAI N		
MEDICAL INFOR	MATION					
ARE YOU COVER	RED BY ACCIDENT/HOSPITAL I	NSURANCE Y	ESNO			
in the above design responsibility for a transportation incid	MPANY NAME	Recreation Dep hile engaged in a hereby release	partment. I agree a activity participa and absolve Robe	to assume the ation or necessary son County		
I the parent (guardi season, or I will pa	an) will accept responsibility for all y for all lost items.	equipment to be	e turned in at the c	ompletion of the		
Parent or Guardian	Signature		Date			
	PARENT CONI	OUCT CODE				
I as a parenI will insure teach these	the emotional and physical well being of t I will have good sportsmanship at all R e that I am knowledgeable in the rules of rules to my child. mber that I am a youth parent, and that the	Robeson County you feach sport that m	outh events. ny child participates	in and that I will		
	t comply with these parent codes, then y by the Robeson County Recreation Dept.		will not be able to p	olay or attend any		
Parent or Guardian Si	ignatue	Date				