A COPY OF BIRTH CERTIFICATE IS REQUIRED

	TO COLL OF BRITIS CERTIFICATE IN THE COLLEGE	
Special Requests:		

STEPHENS COUNTY RECREATION DEPARTMENT

Email: scrd@stephenscountyga.com

Phone 706-886-5101 – Fa	x 706-282-1397		
NameSports/.	Activity		
Age Male Female Birthdate: mm/dd/yyyy			
Parent or Guardian NameStre	et Address		
City/State/Zip/Email Address			
Home Phone Cell Cell	Work		
Circle Shirt Size Youth (XS: 2-4) (S: 6-8) (M: 10-12) (L:14-16) (XL 18-20) Adult (S: 34-36) (M: 38-40) (L: 42-44) (XL: 46-48) (XXL: 50-52)			
Health: Excellent Good Fair Poor			
Allergies/Disabilities			
Emergency Contact (other than parent)Phone			
In consideration for the participation by the above named child in the above described activity which is sponsored or conducted by Stephens County Recreation Department. I do hereby expressly covenant not to sue the recreation department, it's directors, employees, officers, agents, and volunteer workers, their heirs, successors, administrators and assigns on account of any and all claims of every nature, specifically including but not limited to claims for bodily injury, which the above named minor child may incur as a result of participating in the activity described above.			
Parent/Gaurdian	Date		
Would you be willing tocoach orassist a sport or activity if needed?			
Please do not fill in	For office use only		
Birth Certificate:Copied	On FileDid not have		
Amount Pd Cash Check #	Receipt # Received by		