



**EMERGENCY INFORMATION:**

Emergency Contact (Other Than Parent) \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

List any physical or mental defects or diseases that your child may have such as epilepsy, heart murmur, asthma, food or insect allergies, etc. Also, please include any other special medical information or history that we should know about your child. \_\_\_\_\_

**PLEASE READ & SIGN:**

**PARTICIPATION / TRANSPORTATION CONSENT:**

I HEREBY GIVE PERMISSION FOR THE CHILD LISTED 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. I THE PARENT/GUARDIAN OF SAID CHILD, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE AND INDEMNIFY AND AGREE TO HOLD HARMLESS THE PICKENS COUNTY RECREATION DEPARTMENT, PICKENS COUNTY COMMISSION 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 PICKENS COUNTY RECREATION DEPARTMENT PROGRAMS ARE RECREATIONAL AND THAT IF MY CHILD, MY SPOUSE OR I SHOULD EXHIBIT CONTINUED UNSPORTSMANLIKE CONDUCT, MY CHILD MAY BE REMOVED FROM THE PROGRAM AT THE DISCRETION OF THE DEPARTMENT.

**CONSENT OF TREATMENT:**

I ALSO GIVE PERMISSION TO A REPRESENTATIVE OF THE PICKENS COUNTY RECREATION DEPARTMENT AND/OR OTHER SPONSORING AGENCY/AGENT, LICENSED PHYSICIAN AND EMERGENCY MEDICAL PERSONNEL TO OBTAIN MEDICAL TREATMENT FOR THE MINOR OF WHICH I AM EITHER PARENT/GUARDIAN SHOULD THE CHILD BECOME INJURED OR ILL IN THE EVENT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. THE PHYSICIANS, MEDICAL PERSONNEL, AGENTS, PICKENS COUNTY COMMISSIONER OR EMPLOYEES OF THE PICKENS COUNTY RECREATION DEPARTMENT ARE HEREBY RELEASED FROM ANY CLAIM WITH RESPECT TO SUCH INJURY DURING THE EVENT OF PROGRAM, INCLUDING TRANSPORTATION TO OR FROM THE EVENT AND/OR 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 HEALTH OR ACCIDENT INSURANCE, WHICH WOULD COVER MY CHILD'S MEDICAL, HOSPITAL OR RELATED EXPENSES IN THE EVENTS OF AN INJURY IN THIS ACTIVITY, IS MY RESPONSIBILITY.

**REFUNDS / SPECIAL REQUESTS:**

NO REFUNDS WILL BE GIVEN AFTER TEAMS ARE SELECTED FOR THIS SPORT OR FIRST DAY OF CLASS/ACTIVITY FOR SPECIAL PROGRAMS. BY SIGNING THIS CONSENT FORM I ALSO STATE THAT I HAVE READ AND UNDERSTAND THE PICKENS COUNTY RECREATION DEPARTMENT REQUEST POLICY AND HAVE SIGNED AND AGREED TO ABIDE BY THE PARENTS CODE OF ETHICS.

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

**DATE:** \_\_\_\_\_

**\*\*\*FOR P.C.R.D. USE ONLY\*\*\***

**PAID: \$** \_\_\_\_\_ **CASH** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **RECEIPT #** \_\_\_\_\_