



# Athletic/Activity Participation Form

Shirt Size (circle)			
YXS	YS	YM	YL
AS	AM	AL	AXL
AXXL AXXXL			

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ Sex (M) \_\_\_\_ (F) \_\_\_\_

Address of Participant \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: Home \_\_\_\_\_ (C)/(W) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: Home \_\_\_\_\_ (C)/(W) \_\_\_\_\_

School Attending \_\_\_\_\_ School Grade \_\_\_\_\_

**Please Write in Practice Location**

<b>Coaching Volunteer?</b>	
<b>(Circle)</b>	
<b>Yes</b>	<b>No</b>

<b><u>WAYS TO REGISTER</u></b>	
<p><b><u>In Person or By Mail</u></b></p> <p><b>Monday - Friday</b></p> <p><b>8:00 am - 5:00 pm</b></p> <p><b>120 W. Washington St</b></p> <p><b>Nashville, NC 27856</b></p>	<p><b><u>Online</u></b></p> <p><b><u><a href="https://nashcounty.recdesk.com/community">https://nashcounty.recdesk.com/community</a></u></b></p>

**RELEASE AND CONDUCT STATEMENT**

*I hereby give my child permission to participate in the sport/event listed above. I know that with any sport there is possibility of serious injuries. I, therefore, will assume all responsibilities for any accident or injury that may occur and hold Nash County harmless for such accident or injury.*

*I understand that any athletic or other type of equipment issued to him/her belongs to the Recreation Department and that he/she is responsible for it. When he/she stops participating in said event, I will see that he/she*

*returns any and all equipment. I also understand fully that the Recreation Department will not tolerate unsportsmanlike behavior of any kind. I agree that any such behavior, such as cursing and/or yelling at officials/coaches, staff etc., will result in suspension from the Department's activities for me and/or my child.*

**PHOTO RELEASE STATEMENT**

*Pictures and/or video clips will be taken while participating in Nash County Recreation programs. Contact our main office at (252) 462-2628 if you have questions or concerns regarding this statement.*

**REFUND AND RETURNED CHECK POLICY**

*100% refund/credit/transfer if Department cancels program or facility rental. 100% fee transfer to another P&R program within the same calendar year. NO REFUND if participant's request falls after registration ends. There is a \$25 fee for all checks returned.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Signature of Parent of Guardian)

[For Administration Use Only]		
Payment Method: _____	Amount: _____	Receipt Number _____