



# HEARD COUNTY RECREATION DEPARTMENT SPORTS/ACTIVITIES REGISTRATION



Age Cut Off Dates: Football -- Prior September 1st Baseball: Prior May 1st	Basketball: Prior January 1st Softball: Prior January 1st
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Date Registration form received:	Staff receiving registration:
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Participant's Name:	Sport/Activity:
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Date of Birth:	Age:	School:	Age Group:
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Address:	City:	State:	Zip Code:
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Contact Person:	Contact #:	Email:
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Medical Conditions:

Mother's Name:	Cell #	Home #:
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Father's Name:	Cell #	Home #:
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Emergency Contact:	Relationship:	Phone #:
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**NO REFUND WILL BE GRANTED AFTER THE 30TH DAY OF REGISTRATION**

If you would like the participant to be placed up **ONE** age group, complete this" **AGE OVERRIDE**"

Age Group:	Signature of Parent/Guardian:	Date:
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**Jersey # Request:** \_\_\_/\_\_\_ (List 2 numbers -- Request cannot be quaranteed. Numbers will be issued according to who registered first. This is your responsibility! If you fail to do this, you will not be allowed to request a number after uniforms have been ordered. **Please do not assume that we know what number your child has always worn.**

**As of Jan. 1, 2011, we will not be honoring special requests for transportation needs to be with friends or particular coaches. The ONLY requests that will be honored will be coach's children, famiy members and siblings. PLEASE DO NOT ASK FOR SPECIAL REQUEST TO BE MADE.**

OFFICE USE ONLY:	AMOUNT DUE:	AMOUNT PAID:	DATE PAID:
METHOD OF PAYMENT: CASH _____	CHECK # _____	CREDIT/DEBIT: _____	ON-LINE: _____
PAYMENT RECEIVED FROM:		PAYMENT RECEIVED BY:	

**NO UNIFORM WILL BE ORDERED FOR ANYONE THAT HAS NOT PAID HIS/HER REGISTRATION FEE!**