



**FULTON COUNTY  
PLANNING AND COMMUNITY SERVICES  
PARKS AND RECREATION DIVISION  
PROGRAM/ ACTIVITY REGISTRATION FORM**

PLEASE PRINT CLEARLY

SITE CODE _____	PROGRAM NAME: _____ Facility Name: _____	Youth : _____ Adult: _____
Participant Last Name: _____		First Name: _____
Employer/ School: _____		M.I.: _____
Parent/ Guardian: _____		Sex: F M
D.O.B.: _____		Age: _____
P/G SS#: _____		Grade: _____
Street Address: _____		
City: _____	State: _____	Zip: _____
Home Telephone: _____	Work/ Bus. No.: _____	Email: _____
Emergency Contact Name: _____	Relationship: _____	Tel. No.: _____
Physical and/or Other Limitations: _____		

( ) RESIDENT

( ) NON-RESIDENT

Participant (if 18 or over at the time of registration) or Parent/ Guardian, please present one of the following documents and picture I.D. as proof of residency:

1. Electric Bill # \_\_\_\_\_
2. Gas/ Water Bill # \_\_\_\_\_
3. Bank Statement \_\_\_\_\_
4. Driver's License # \_\_\_\_\_
5. State of Georgia I.D. Card # \_\_\_\_\_

**WAIVER OF LIABILITY**

I understand that all athletic and recreational programs/ activities involve some risk of accident or injury. I agree to indemnify Fulton County and hold Fulton County harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate in any program activity. Therefore, my choice to participate in any program, activity or facility, and the use of its equipment, **is at my own risk. I understand that Fulton County does not provide insurance for participants, nor does it assume responsibility for accidents or injuries. However, Fulton County may require the purchase of additional insurance per participant for certain recreational programs/ activities.**

I authorize Fulton county personnel associated with its athletic programs to act in my behalf, to authorize medical treatment to, upon, or for the benefit of myself and/or my minor child, for any minor injury which may occur from our participation in any of Fulton County Parks and Recreation programs and associated activities/ events. I recognize that such **treatment shall be my full responsibility.** In the event of a more severe injury that may require emergency treatment, I authorize such personnel to see that myself and/or minor child is transported to and treated at the nearest medical facility, with the **related expense being my full responsibility.**

I also hereby grant permission to the Fulton County Parks and Recreation Division to use for any official purpose any photographs, videotapes, recordings or any other records or program activities depicting myself or my minor child.

**NOTE: Refunds will be made to participant only when scheduled programs are canceled or a change has been made by the Parks and Recreation Division inhibiting customer attendance. NO OTHER REFUNDS WILL BE MADE.**

**I have carefully read, understand and agree to Fulton County's policies as stated above.**

\_\_\_\_\_  
Participant (if 18 or over) or Parent/ Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY – METHOD OF PAYMENT RECORD**

Receipt No. _____	Insurance _____	Total Amount Paid \$ _____	Cash _____	Check No. _____
Revenue Code _____	Program Activity Name _____	Youth/Adult _____		
		Y A	Shirt Size _____	Short Size _____

Received By (Employee Name): \_\_\_\_\_ Date: \_\_\_\_\_