

Hampton County Recreation Department

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Child – Program Registration & Release Form

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Please circle one

Emergency Information

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I, \_\_\_\_\_ request registration for my child in the above mentioned Program/ Event at the

(Parent/ Guardian of the above mentioned Child)

Hampton County Recreation Dept.

I, \_\_\_\_\_ do take full knowledge and risk of injury to allow my child to

(Parent/ Guardian of the above mentioned Child)

participate in the above mentioned program. Also, at the participants sole risk and on his/her own behalf and on the behalf of his/hers, executors, and assigns herby release, discharge, and agree to hold harmless the Hampton County Recreation Dept., its instructors, Staff and all parties involved.

I, \_\_\_\_\_ give the Hampton County Rec. Dept. Permission to take and release

(Parent/ Guardian of the above mentioned Child)

pictures for use on the Official Hampton County Website and/ or any other media used for advertising for Hampton County Rec. Dept.

Signature of parent or Gaurdian

Date

Email Address