

HAMPTON COUNTY RECREATION DEPARTMENT

361 EAST PINE STREET VARNVILLE SC 29944

Child Program Registration & Release Form

Phone: 803-943-2857

Fax: 803-943-2768

Emails: Jpeeples@hamptoncountysc.org

Lbrown@hamptoncountysc.org

Student Name: _____

Program _____

Gender: M ___ F ___ Date Of Birth: _____ **Age:** _____

Emergency Information

Parent Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home#: _____ **Cell #:** _____ **Work#:** _____

Emergency Contact: _____ **Phone #:** _____

Allergies: _____

Email: _____

SIGN BELOW

I, _____ (parent/guardian of the above child mentioned) request registration for my child in the program/event mentioned at the Hampton County Recreation Department.

I, _____ (parent/guardian of the above child mentioned) do take full knowledge and risk of injury to allow my child to participate in the program. Also, at the participants sole risk on his/her own behalf and on the behalf of his/hers, executors, and assigns hereby release, discharge, and agree to hold harmless the Hampton County Recreation Dept., instructors, staff, and all parties involved.

I, _____ (parent/guardian of the above child mentioned) give the Hampton County Rec. Dept. Permission to take and release 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 Guardian

Date

