

AGE AS SEPTEMBER 1st, 2020 _____

FLAG FOOTBALL AGES 4, 5 & 6

CITY OF ROCKMART RECREATION DEPARTMENT

*If any questions, please call (770)684-2706.
SIGN UP DATES –August 1st Thru August 15th*

WAIVER:

In consideration of being permitted to participate in the City of Rockmart Recreation Program, related events and activities, on behalf of myself, or a minor child or ward, heir next of kin, personal representative, successor or assign;

1. ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- a) To the best of my knowledge, I am in **GOOD PHYSICAL CONDITION** and have no disease or injury that would be aggravated by participating in activities related to the City of Rockmart Recreation Program.
- b) Participating or assisting others in participating in the City of Rockmart Recreation Program may involve **RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY**, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used:
- c) There may be **OTHER RISKS** not known or not reasonably foreseeable: and Understanding all of the above.

2. I ASSUME ALL OF THE ABOVE RISKS AND RELEASE WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- a) The City of Rockmart or any of its agencies, the Recreation Department, its employees or volunteers, coaches, trainers, officials affiliated with the City of Rockmart Recreation Program or the West Georgia Football League.

I also understand that the City of Rockmart Recreation Program maintains a Zero (0) Tolerance Drug and Alcohol Program; and if determined that this program has been breached, this will be grounds for termination from the City of Rockmart Recreation Program and that no refund of fees will be awarded.

Name of Participant _____ Boy ___ Girl ___

Date of Birth: _____ Participant's Shirt Size: YS YM YL AS AM AL AXL

Address: _____ City: _____ State: _____ Zip: _____

Main Phone: _____ Secondary Phone: _____

Email: _____

Residence: City Limits of Rockmart ___ inside Polk County ___ Outside Polk County ___

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____ Date ___/___/___

Emergency Contact Name: _____

Emergency Contact Numbers – Day: _____ Evening: _____

Any Known Medical Conditions? _____
