

AGE AS SEPTEMBER 1<sup>st</sup>, 2020 \_\_\_\_\_

# SOFTBALL AGES 4-6, 7/8, 9/10, 11-13 & 14-16

## CITY OF ROCKMART RECREATION DEPARTMENT

*If any questions, please call (770)684-2706.*

*SIGN UP DATES –August 1<sup>st</sup> Thru August 15<sup>th</sup>*

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### 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 \_\_\_\_\_

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? \_\_\_\_\_

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