

# LONG COUNTY RECREATION DEPARTMENT REGISTRATION FORM 2021 FALL CROSS COUNTRY

PARTICIPANT'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ MALE or FEMALE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PRIMARY CONTACT # \_\_\_\_\_ SECONDARY CONTACT # \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

SPECIAL MEDICAL INFO: \_\_\_\_\_

Cross Country	
8U	
10U	
12U	
14U	

**AGE CONTROL DATE:**  
December 31<sup>st</sup>, 2021

**PLEASE CIRCLE SIZE BELOW**

<u>YOUTH</u>	<u>ADULT</u>
YS	AS
YM	AM
YL	AL
YXL	AXL

I hereby give my consent for the above-named child to participate in this activity. I take full responsibility for any kind of personal injury sustained by the said child in activities sponsored by Long County Recreation Department. This includes transportation to and from such events. LCRD encourages all attempts to increase attendance and reduce truancy in our school system. This may include but is not limited to players being asked attendance and truancy by the coach.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

FOR OFFICE USE ONLY	CASH		AMOUNT
	CHECK #	RECEIPT #	STAFF