

**Bertie County Recreation Department  
6-8, 9-10 & 11-12 Football Registration Form**

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

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

Parent's Work: \_\_\_\_\_ Phone: \_\_\_\_\_

School your child attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size:    YS    YM    YL    AS    AM    AL    AXL    AXXL

**EMERGENCY CONTACT TELEPHONE NUMBERS:** Please list in order of priority. This will be the contact person and number should an accident occur and contact cannot be made with parents. In all cases parental contact will be attempted first through home and employment.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Attention Parents Disclaimer:**

I have enrolled my child in the activity listed above that is offered by the Bertie County Recreation Department (BCRD). I, the parent or guardian of the above individual name, acknowledge that participation in athletic events involves risk of physical injury and I acknowledge that I am assuming that risk. I further acknowledge that the programs of BCRD are primarily coached by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual program, I hereby release, discharge, hold harmless and covenant not to sue BCRD, their employees, volunteers, agents and other representatives from any claims arising out of or related to any physical injury that may result to said individual while participating in BCRD sponsored event, including any physical injury caused by negligence of any official referee or coach while performing his/her duties during any practices or games, and agree to indemnity and defend BCRD, their employees, volunteers and other representatives from any such claims.

X \_\_\_\_\_  
Signatures of Parent or Guardian

Date \_\_\_\_\_