



FREEDOM AREA RECREATION COUNCIL

REGISTRATION FORM

DATE _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE: _____ E-MAIL _____ ENTERING GRADE ____ AT _____

IN EMERGENCY CALL _____ PHONE _____

HEALTH CONCERNS? ___YES ___NO IF YES, EXPLAIN ON BACK.

_____ has permission to participate in the activity named below. I understand that he/she is subject to the school and council rules of conduct. The undersigned acknowledges that the Freedom Area Recreation Council does not provide any registrant medical or hospitalization insurance whatsoever, and hereby waives any and all claims against the Freedom Area Recreation Council and the Carroll County Department of Recreation & Parks or any other person affiliated with the Freedom Area Recreation Council program for injuries sustained while watching or playing games or traveling to and from games or participation in any leisure time activity. I also agree that photographs taken of my child or me while participating in this activity may be used for publicity purposes.

ACTIVITY _____ SIGNATURE _____

RETURN CHECKS WILL BE CHARGE A \$25.00 FEE PARENT/ GUARDIAN OR PARTICIPANT OVER 18

PERSON AUTHORIZED TO PICK UP CHILD IF PARENT/GUARDIAN IS UNABLE

_____ PHONE _____

SESSION _____ FEE _____ CHECK _____ CASH _____ DATE _____