



1050 WILDCAT DRIVE KINGSLANG, GA 31548 PHONE 912-729-5600 EMAIL: [JDEIFE@CAMDENPSA.COM](mailto:JDEIFE@CAMDENPSA.COM)

**PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES**

**CHILDS FIRST NAME** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

BIRTHDATE (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GENDER (CIRCLE): M or F

NEW or RETURNING (CIRCLE)

SCHOOL CHILD ATTENDS \_\_\_\_\_

NAME AND AGE OF SIBLINGS REQUESTED TO BE ON SAME TEAM

FIRST NAME \_\_\_\_\_ MI \_\_\_\_ LAST NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_ LAST NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE #1 \_\_\_\_\_ PHONE #2 \_\_\_\_\_

EMAIL ADDRESS #1 \_\_\_\_\_

EMAIL ADDRESS #2 \_\_\_\_\_

MEDICAL ISSUES \_\_\_\_\_

**LIABILITY:** I, the parent or guardian of the child listed above, hereby gives approval for his/her participation in the league activities for which I am registering them I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless Camden County PSA Services, Camden County Board of Commissioners, City of Kingsland, City of Saint Mary's, City of Woodbine, their employees, coaches, local league organizations, the organizers, sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount of the amount covered by accident and/or liability insurance held by the local league.

**MEDICAL:** I also grant permission to the managing and/or coaching personnel or other league representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery deemed necessary by and adult licensed physician should the child become ill or injured while participating in activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

I have read and agree to the conditions set forth by the Parents Code of Ethics. I understand that failure to follow established rules may result in loss of privileges to participate in or be a spectator during this program. I agree to return any required equipment or uniforms by the established date or pay the late fee plus replacement cost. Uniforms are not provided by Camden County PSA Leisure Services.

I have signed and received the Heads-Up Concussion fact sheet for parents Parent/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

Only the parent or legal guardian of the child named above may sign this registration form.

OFFICE USE ONLY: Amount paid \$ \_\_\_\_\_ CR/CH/CK# \_\_\_\_\_ Form Accepted by: \_\_\_\_\_ EBT CARD#: \_\_\_\_\_ UNEMPLOYMENT VERIFICATION: (YES OR NO) Initials \_\_\_\_\_