

# GREENE COUNTY PARK AND RECREATION

P O Box 106 • Eutaw, Alabama 35462

(205) 372-2700

Please mail this completed form, along with a check or money order for the Registration Fee in the amount of \$25.00, to Greene County Park and Recreation at the above address.

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## AEROBIC CLASSES

### REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_ / \_\_\_\_ School: \_\_\_\_\_

Address/Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

#### Parent/Guardian Information

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Employer \_\_\_\_\_

#### Greene County Park and Recreation Waiver of Liability and Permission Form

Name of Participant: \_\_\_\_\_

I, the parent or guardian of the above name individual, acknowledge that participation in athletic event necessarily involve risk of physical injury. In consideration for accepting the registration of the named individual and permitting the voluntary participation of the said individual in its program, I (for myself as well as for my child) hereby release, discharge, and hold harmless Greene County Park and Recreation and its employees from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to the said individual while participation in an Greene County Park and Recreation sponsored event. I attest that my child is physically capable to participate in these events. I consent to his or her removal and treatment by any physician or medical care provider of the event or game officials, representatives and/ or volunteers.

\_\_\_\_\_  
Signature of Participant Today's Date

\_\_\_\_\_  
Signature of Parent or guardian Today's Date