

Madison County Parks and Recreation Program Registration Form

Program/Activity: _____

Participant's Information:

First name: _____ Last Name: _____ Date of Birth: ____/____/____

Street Address: _____

City/State/Zip _____ Telephone: _____

Grade: _____

Medical
Conditions/Allergies: _____

Parent/Guardian's Information

First name: _____ Last Name: _____

Email Address :(Preferred) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Waiver

I am WAIVING and RELEASING Madison County Parks and Recreation staff, Madison County Parks and Recreation Authority, Madison County Public Schools and all volunteers from all claims for myself and my minor child/ward (participant) arising out of participation in this program

Parent/Guardian's Signature: _____ **Date:** _____

Registered By: _____ Fee Collected: _____