



HAMPTON COUNTY RECREATION DEPARTMENT

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**Child—Program Registration &
Release Form**

PLEASE PRINT

Students Name: _____

Program: _____

Date of Birth: _____ Age: _____

EMERGENCY INFORMATION

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Emergency Contact: _____ Phone #: _____

I, _____ request registration for my child in the above
(parent/guardian of above named child)
mentioned program at the Hampton County Recreation Department.

I, _____ do take full knowledge and risk of injury to allow my
(parent/guardian of above named child)
child to participate in the above mentioned program. Also, at the participants sole risk and on his/her own behalf and on the behalf of his/her heirs, executors, and assigns hereby release, discharge, and agree to hold harmless the Hampton County Recreation Department, its instructors, staff and all parties involved.

I, _____ give the Hampton County Recreation Department
(parent/guardian of above named child)
permission to take and release pictures for use on the Official Hampton County website and/or any other media used for advertising for Hampton County Recreation Department.

Signature of parent/guardian

Date

E-mail address