



**APPLICATION FOR PARTICIPATION IN THE SUNSHINE LEAGUE**  
(PLEASE PRINT LEGIBLY)



CHILD'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE # \_\_\_\_\_ PARENT'S WORK# \_\_\_\_\_ CELL# \_\_\_\_\_  
 E-MAIL \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**SHIRT SIZE (CIRLCE ONE)      YS    YM    YL    AS    AM    AL    AXL    AXXL    AXXXL**  
 (PLEASE MAKE SURE THIS IS THE CORRECT T-SHIRT SIZE FOR YOUR CHILD)

**WHAT NAME AND NUMBER WOULD YOU LIKE ON THE BACK OF THE T-SHIRT?** \_\_\_\_\_  
 IF YOU ARE A PARENT WOULD YOU BE INTERESTED IN BEING A COACH THIS SEASON?    YES    NO

<b>MEDICAL CLEARANCE</b> (PLEASE CIRLCE MEDICAL INFORMATION)		
<b>DOES ATHLETE HAVE?</b>		
HEART PROBLEMS	YES	NO
DIABETES	YES	NO
SEIZURES/EPILEPSY	YES	NO
MAJOR SURGERY/SERIOUS ILLNESS	YES	NO
DOWN SYNDROME	YES	NO
VISION PROBLEMS/BLIND	YES	NO
HEARING LOSS/DEAF	YES	NO
DOES ATHLETE USE A WHEELCHAIR	YES	NO
IS ATHLETE VERBAL?	YES	NO

\_\_\_\_ I HAVE INSURANCE WITH \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_  
 \_\_\_\_ I WANT RECREATION INSURANCE AT AN ADDITIONAL COST; PLEASE FILL OUT INSURANCE FORM

**PARTICIPATION FEE:** \$40.00 PER CHILD- PLEASE MAKE CHECK PAYABLE TO: **Henry County Parks and Recreation** AND MAIL IT ALONG WITH THE REGISTRATION FORM TO: **HENRY COUNTY PARKS AND RECREATION C/O SUNSHINE LEAGUE**  
**10 CLEVELAND STREET**  
**LOCUST GROVE, GA. 30248**

I, LEGAL PARENT OR GUARDIAN, OF \_\_\_\_\_ DO HEREBY AGREE TO ALLOW MY SON/DAUGHTER TO PARTICIPATE IN THE SUNSHINE LEAGUE PROGRAM SPONSORED BY THE HENRY COUNTY PARKS AND RECREATION DEPARTMENT. I WILL ASSUME ALL RISK AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE PROGRAM AND WILL ABIDE BY THE RULES AND REGULATIONS THEREOF. IN CASE OF INJURY, I WILL RELEASE AND DISCHARGE HENRY COUNTY RECREATION DEPARTMENT AND ITS AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS, FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION OF WHATSOEVER KIND AND NATURE, ARISING FROM AND BY REASONS OF ANY AND ALL KNOWN AND UNKNOWN, FORSEEN AND UNFORSEEN BODILY AND PERSONAL INJURIES, DAMAGE TO PROPERTY AND THE CONSEQUENCES THEREOF, RESULTING FROM THE USE OF THE AFOREMENTIONED FACILITIES AND THE TRANSPORTATION TO AND FROM FACILITIES, SO LONG AS ANY INJURIES OR DAMAGES ARE NOT THE RESULT OF WILLFUL OR MALICIOUS FAILURE TO GUARD OR WARN AGAINST A DANGEROUS CONDITION, USE, STRUCTURE OR ACTIVITY OR FOR WILLFUL OR WANTON INJURY. I ACKNOWLEDGE THAT ACCIDENTAL MEDICAL INSURANCE IS REQUIRED TO PARTICIPATE IN THE PROGRAM AND I CAN PURCHASE SUCH INSURANCE THROUGH THE RECREATION DEPARTMENT OR I HAVE INSURANCE COVERING THE PARTICIPANT.

**PARENTOR LEGAL GUARDIAN SIGNATURE/DATE- MEDIA RELEASE STATEMENT**

Additionally, I hereby grant Henry County, Georgia and The Sunshine League my absolute and unconditional permission to use, without charge, any and all photographs, video reproductions or other kinds of imagery production taken during the event in which I or my likeness or image may appear as the subject matter for publicity or any other purpose. I understand that my name will be included with the photograph or other image.

**Signature (Participant/Parent/Guardian)** \_\_\_\_\_

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

CASH PAID \$ \_\_\_\_\_ CHECK PAID \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ STAFF INITIAL \_\_\_\_\_