



Cobb County...Expect the Best!



# Cobb County Parks, Recreation and Cultural Affairs

1792 County Services Pkwy Marietta, GA 30008

(770) 528-8800 / Fax (770) 528-8813

www.prca.cobbcountyga.gov

Family Barcode \_\_\_\_\_

### Main Contact

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

Date of Birth \_\_\_\_\_ or  Adult  Male  Female Are you a Cobb County Resident  Yes  No

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact & phone \_\_\_\_\_

### Participant #1

Participant Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) or  Adult (If applicable) **T-Shirt Size** (Please Circle) **Youth** S M L **Adult** S M L XL

<u>1<sup>st</sup> Choice Class Code</u>	<u>Class Name</u>	<u>Fee</u>	<u>Extra Fee</u>	<u>2<sup>nd</sup> Choice Class Code</u>	<u>Fee + XFee</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Participant #2

Participant Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) or  Adult (If applicable) **T-Shirt Size** (Please Circle) **Youth** S M L **Adult** S M L XL

<u>1<sup>st</sup> Choice Class Code</u>	<u>Class Name</u>	<u>Fee</u>	<u>Extra Fee</u>	<u>2<sup>nd</sup> Choice Class Code</u>	<u>Fee + XFee</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MAKE CHECKS PAYABLE TO "CCPRCAD"**

TOTAL AMOUNT DUE \$ \_\_\_\_\_

*Non-residents pay fee indicated in program description.*

Please indicate any special needs or allergies the participant may have: \_\_\_\_\_

### HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department (CCPRCAD) to organize any required medical or first aid procedure or take the undersigned student to the hospital emergency room for treatment. I understand that every effort will be made to notify the parent or individual indicated as emergency contact beforehand by telephone. The undersigned hereby forever releases, discharges and covenants to hold harmless the CCPRCAD, Cobb County Government and all parties affiliated with the CCPRCAD, the heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and cause of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein.

This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

Participant's Name \_\_\_\_\_

Participant's Signature (REQUIRED)  
(if under 18 parent or guardian)

Date \_\_\_\_\_