Double Dutch Registration
Sumter County Recreation Department

Please Print

Participant Name _____ Date of Birth _____ Age____

Address_____City_____State_____Zip Code_____

Home Phone _____ School_____Grade_____

Mother's Name_____Work #_____ Cell Phone #_____

Father's Name_____Work #_____ Cell Phone #_____

Email: _____

Coverage Period: March through February
Fee: $7.00 Youth

The Recreation Department offers REC-1 Insurance, VOLUNTARY participant insurance for all of our sports.

Deductible: $ 50.00 Per Incident

Yes, I want insurance _____(initial) **No, I do not want insurance _____(initial)**

PARTICIPANT RELEASE

I, parent/guardian of the above mentioned participant, herby give approval for his/her participation in the **Double Dutch** program with The Sumter County Recreation Department and The Salvation Army Boys and Girls Club. I assume all risk and hazards incidental to such participation, including transportation to and from all activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of any injury to the child. I grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above become ill or injured while participating in team activities away from home or at other times when neither parent is available to grant authorization for emergency treatment.

_____ _____
Signature of Parent/Legal Guardian Date

PARTICIPANT INFROMATION

Has your child jumped Double Dutch as an organized sport before? [ ] No [ ] Yes, when _____

Is your child interested in [ ] Jumping [ ] Turning [ ] Jumping & Turning

(Please Circle All That Apply)

Jumper: Beginner Intermediate Advanced Turner: Beginner Intermediate Advanced

Child Shirt Size: Youth: SM MED LG XLG Adult: SM MED LG XLG XXLG

Are you interested in coaching a team? [ ] No [ ] Yes, when are you available _____

Please list any medication participant is taking and any health problems we need to be aware of (Note: By listing all pertinent information, your child will not be hindered from participating in this sport):

_____

_____

OFFICE USE ONLY

Amount Paid _____ Receipt # _____Insurance_____Date_____Int._____