Tunica Parks & Recreation

Youth Program Registration

B. d. I. (N						
Participant Name:			Participant Date of Birth:			
			Gender: M/		Age:	
School Attending: Grade:			Participant Email Address:			
Parent/Guardian Name:			Email Address:			
Address:			Cell Phone #: ()			
			Would you like to receive updates by text messages (yes) (no)			
			Home Phone#: ()			
Please list any illnesses or injuries that may affect their participa			on Emergency Contact Person - (Other than parent/guardian)			
in these programs:			Name:			
			Phone:			
			Address:			
Youth Programs Offered						
The following is a list of programs provided for the youth, please check (only) those programs being registered for at this time:						
Health & Wellness Programs	Health & Wellness Programs Cultural Arts Programs		Youth Sports I	Programs	Aquatics Programs	
☐ Youth Fitness	☐ Summer Day Camp☐ Music/Drama/Art/Choir☐ Cub Scouts☐ Other		□ Basketball	- £41 II	☐ Swim Lessons	
☐ Tae-Kwon-Do/Kickboxing ☐ Other			⊐ Baseball/So ⊐ Football/Ch		□ CRP/First Aid/AED□ Swim Teams	
			☐ Tennis/Golf	/Soccer/Track	☐ Community	
Youth Outreach Programs	Youth Development Programs	☐ Other		☐ Competitive☐ Other		
☐ Mentoring Program	☐ Job Ready Program					
☐ Other	☐ Youth Patrol					
☐ Entrepreneurship Program		l				
Parental Waiver & Consent Section						
As the parent/guardian of the child named above, I hereby give my full consent and approval for my child to participate in						
the designated program(s) which may include swimming, photographing and transporting during the course the program.						
I understand that there are certain risks of injury inherent in the participation in these program(s), as well as in traveling						
and other related activities incidental to my child's participation. I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated program(s) and that my child has no physical						
or mental disabilities or infirmities that would restrict full participation in the activities except, limitations listed above.						
In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Tunica						
County, Tunica Parks & Recreation, Tunica County School District, Tunica County Youth Services, its officers, its						
affiliates, coaches, sponsors, supervisors, representatives any and all for any injury that may be suffered by my child in the						
normal course of participation in the designated program(s) and/or activities incidental thereto, whether the result of negligence or any other cause.						
			Initial and Date			
			For Office Use Only:			
Make checks payable to: Tunica County Recreation Commission			ived By:	1 st F	Program Fee:	
Please submit payment in full to: P.O. Box 639 Tunica, MS 38676			ipt Number:	2 nd P	Program Fee:	
For more information, please call site locations or main office at					h Certificate Attached: Y / N	
(662)-357-0523 Fax: (662) 363-2242						
Site Location		Shirt	Pants	Payment Check	:# Cash	
Devent/Cuardian Names (Diagos Drint)						
Parent/Guardian Name: (Please Print):						

Parent/Guardian Signature: