

**City of Port Wentworth
RECREATION DEPARTMENT
305 South Coastal Highway
Port Wentworth, GA 31407
(912) 966-7428**

REGISTRATION FORM
SUMMER FUN

Child's Name _____ Age _____
_____ Male _____ Female

Address _____

Phone Number _____

Email Address _____

Dates: June 11- July 19 (Mondays, Tuesdays & Thursdays only)
Time: 1:00 pm-4:00 pm
Price: \$2.00 per day per child
Ages: 5-12 years of age

**Accident Liability Release Waiver
Please Read Carefully Before Signing**

I, _____, wish for my child, _____
to participate in the Summer Fun Program offered by the Port Wentworth Recreation
Department.

The undersigned does hereby release and forever discharge the City of Port Wentworth,
its agencies and employees of and from any and all claims, demands, rights and cause of
actions of whatsoever kind and nature rising from personal injuries, damage to property,
and the consequences thereof, resulting from the above referenced child's participation in
the Summer Fun Program offered by the City of Port Wentworth Recreation Department.

Participants Name Parents Signature Date