



Post Office Drawer 1768, Goose Creek, South Carolina 29445
Community Center & Activity Center, 519-A N. Goose Creek Blvd., Phone (843) 569-4241 Fax (843) 569-4241

PLEASE PRINT

Name of Participant: _____

Address: _____ Gender M / F Email: _____

City: _____ State: _____ Zip: _____ Subdivision: _____

Date of Birth: _____ Medical Ins. Co. Name: _____

Name of Responsible Party: _____ Date of Birth: _____
(Parent/Legal Guardian if Participant is under 18) (Responsible Party)

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Permission to send text message **Yes or No** Cell Phone Carrier: _____

Email address: _____

Do you want to purchase playground Insurance: Yes: _____ No: _____

Do you live in the GCRC boundaries? _____ Any special needs to be aware of? Yes _____ No _____

If yes, please describe: _____

Waiver & Release of Liability: In consideration of being allowed to participate in Goose Creek Recreation sports, programs, related events and activities, the undersigned acknowledges and agrees that there are always risks involved in participation in recreational activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence and assume full responsibility for my participation. I declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize Goose Creek Recreation or its representatives to obtain emergency medical treatment for myself or child (if parent is not available). I willingly agree to comply with the stated and customary terms and conditions for participation. I, for myself and on behalf my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless City of Goose Creek Recreation, Goose Creek Recreation Commission, their officers, officials, agents, and /or employees, other participants, sponsors, and advertisers (releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I likewise release from liability, any person transporting myself or my child to and from these activities. I further grant GC Recreation the unencumbered right to make promotional use of any pictures and/or video tapes taken of the registrant while participating in this program. The City of Goose Creek has the right pursuant to the SC Setoff Debt Collection Act to collect any delinquent sum due through offset of the state income tax refund including all fees.

I have read this release of liability and assumption of risk agreement and sign it freely and voluntarily.

Signature: _____ Name (Print): _____
Participant's Signature

For participants under the age of 18 at the time of registration: This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, for myself, my heirs, assigns, and next of kin, I release and agree to hold harmless the Releasees from any and all liabilities incident to the minor's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent of the law.

Signature: _____ Name (Print): _____
Parent/Guardian Signature

Refunds must be requested prior to the second class meeting unless specified differently in the specific program policies. There is a \$5 handling fee on all refunds. NO REFUNDS ON ATHLETIC PROGRAMS. Insurance is non-refundable.

Approval Initial _____

STAFF USE ONLY: Program: _____ Date: _____

Residency Verified: _____ Staff Initial: _____