

CITY OF GOOSE CREEK RECREATION DEPARTMENT
P.O. DRAWER 1768
GOOSE CREEK, SOUTH CAROLINA 29445
569-4242
2023 CHEERLEADING REGISTRATION FORM

Return this form between May 29-June 29 along with birth certificate, proof of residency and proper fee.

Acceptable forms of proof of residency

Homeowners: Driver's license or picture Id & most recent utility bill

Renters: Driver's license or picture Id, most recent utility bill & original rental agreement

Current address must be on all proofs of residency

PARTICIPANT'S NAME				SEX	
DATE OF BIRTH	AGE				
ADDRESS			SUE	BDIVISON:	
DAY PHONE	EVENING PHONE	NAME OF MEDICAL INS. CO:			
DO YOU WANT TO PURCHA	SE PLAYGROUND INS	SURANCE? (\$10.00)	Yes	NO	
DOES THE PARTICIPANT LI	VE WITHIN THE G.C. F	Recreation BOUNDARI	ES? YES_	NO	
ANY SPECIAL NEEDS TO BE	E AWARE OF? YE	SNO	-		
DID PARTICIPANT CHEER F	OR GC Recreation LAS	ST SEASON?			
ARE YOU INTERESTED IN E	BEING A HEAD CHEER	COACH THIS SEAS	ON?	IF YES, PLEASE COMF	PLETE A COACH'S FORM
Waiver & Release of Liability: In ca acknowledges and agrees that there even if arising from negligence and a emergency, I authorize Goose Creel comply with the stated and customa release and hold harmless City of G sponsors, and advertisers (releases releases or otherwise, to the fullest grant GC Recreation the unencumbe Goose Creek has the right pursuant	are always risks involved in assume full responsibility for it is represented by terms and conditions for particles. When the series of the se	participation in recreational my participation. I declare t atives to obtain emergency articipation. I, for myself an se Creek Recreation Comm I injury, disability, death, or owise release from liability, al use of any pictures and/cition act to collect any deline.	activities. I kno ne participant pl medical treatme d on behalf my ission, their offi oss or damage any person tranr video tapes ta uent sums due	wingly and freely assume all such hysically able to participate in the ent for myself or child (if parent is heirs, assigns, personal represe cers, officials, agents, and /or er to person or property, whether a sporting myself or my child to ar liken of the registrant while partic through offset of the state incom	ch risks, both known and unknown, e activity. In the event of a medical s not available). I willingly agree to entatives and next of kin, hereby employees, other participants, arising from the negligence of the drom these activities. I further cipating in this program. The City of ne tax refund including all fees.
to his/her release as provided above the minor's involvement or participat liability and assumption of risk agree	, for myself, my heirs, assign ion in these programs as pro	is, and next of kin, I release vided above even if arising	and agree to h	hold harmless the Releases from	any and all liabilities incident to
	lian Signature	ne (Print):		Email:	
There are no refunds on GC Reci	eation Athletic Programs.	Insurance is non-refu	ndable. App	proval Initial	
REG	QUESTS FOR SPECI	AL TEAM ASSIGNI	MENTS WIL	L NOT BE CONSIDER	?ED
		FOR STAFF U	SE ONLY	,	
PLAYING AGE: as of 9/1/23	Team Assigned:				
DOES PARTICIPANT HAVE A SIBL	ING IN FOOTBALL OR CHE	ERLEADING THIS SEASO	N?		
BIRTH CERTIFICATE ON FILE? _		Residency Verified?		_	

DATE REGISTERED: \_

STAFF INITIALS: \_\_\_