

519A NORTH GOOSE CREEK BLVD GOOSE CREEK, SOUTH CAROLINA 29445 (843) 569-4242

ATHLETICS REGISTRATION FORM

SPORT: _

PARTICIPANT'S NAME:	FIRST		MIDDLE		LAST	
ADDRESS:				CITY	LAGT	
ZIP:				0.11		
DATE OF BIRTH:	40	E. 9EY				
	AG	E 3EA				
CELL PHONE:	REL	ATIONSHIP TO PART	ICIPANT:		-	
CELL PHONE:	REL	ATIONSHIP TO PART	ICIPANT:		-	
EMAIL:						
NAME OF MEDICAL INSURANCE:		DC	O YOU WANT TO PL	RCHASE PLAYGROUN	ND INSURANCE? (\$1	0) YES NO
ANY MEDICAL ISSUES OR SPECIA	AL NEEDS WE NEE	D TO BE AWARE OF?				
SIZE FOR PANTS/SHORTS	S : (Circle One)	Youth X-Small	Youth Small	Youth Medium	Youth Large	Youth X-Large
	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large	
SIZE FOR TEAM SHIRT:	(Circle One)	Youth X-Small	Youth Small	Youth Medium	Youth Large	Youth X-Large
	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large	
PLEASE BE CERTAIN TO SELECT	T THE CORRECT SI	ZE, UNIFORMS ARE N	NOT EXCHANGEAB	LE OR RETURNABLE.	SAMPLES ARE AVA	ILABLE FOR SIZING.
ARE YOU INTERESTED	IN BEING A H	IEAD COACH T	HIS SEASON	 ? YES N		ship Application.
ARE YOU INTERESTED IF YES, PLEASE COMPLETE A THERE ARE <u>NO REFUNDS</u> ON G REQUESTS FOR SPECIAL TEAM Waiver & Release of Liability: In co acknowledges and agrees that there even if arising from negligence and a emergency, I authorize Goose Creel comply with the stated and customal release and hold harmless City of G sponsors, and advertisers (releasees releasees or otherwise, to the fulless grant GC Recreation the unencumbe Goose Creek has the right pursuant	A COACHES APP A COACHES APP COACHES APP CO	HEAD COACH T LICATION AND BAC THLETIC PROGRAMS ARE NOT GUARENTE allowed to participation in olidity for my participation. I, f on, Goose Creek Recre ny and all injury, disabil law. I likewise release omotional use of any pi to Collection Act to colle	THIS SEASON CKGROUND CHE S AND INSURANCE ED. In Goose Creek Recro recreational activitie n. I declare the partic emergency medical for myself and on bef eation Commission, ti lity, death, or loss or from liability, any per iccures and/or video t ect any delinquent su	? YESN CK. E IS NON-REFUNDA eation sports, programs s. I knowingly and freely ipant physically able to p treatment for myself or of treatment for myself or of alf my heirs, assigns, p heir officers, officials, ag damage to person or pr son transporting myself appes taken of the register ms due through offset of	O BLE. APPROVAL INIT related events and ac assume all such risks participate in the activit hild (if parent is not av ersonal representative ents, and /or employed operty, whether arising or my child to and from ant while participating if the state income tax in	TAL tivities, the undersigned , both known and unknown ty. In the event of a medical railable). I willingly agree to s and next of kin, hereby es, other participants, g from the negligence of the n these activities. I further in this program. The City of refund including all fees.
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