

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

YOUTH SPORTS REGISTRATION FORM

SPORT:							
PARTICIPANT'S NAME:	FIRST	MIDDLE		LAST			
ADDRESS:				CITY:			
ZIP: SUB							
DATE OF BIRTH:	AGE:	SEX: MALE _	FEM/	ALE			
CELL PHONE:	RELATIONSHIP TO	O PARTICIPANT	:				
CELL PHONE:	RELATIONSHIP TO	O PARTICIPANT	:				
EMAIL:							
NAME OF MEDICAL INSURANCE:		DO YOU W	ANT TO PURCH	IASE PLAYGRO	OUND INSURANCE	? (\$10) YES	NO
ANY MEDICAL ISSUES OR SPECIA	AL NEEDS WE NEED TO BE AWAP	RE OF?					
SIZE FOR PANTS/SHORTS	: Youth Sizes: X-Small	Small	_ Medium	Large	X-Large	_	
	Adult Sizes:	Small	Medium	Large	X-Large		
SIZE FOR TEAM SHIRT:	Youth Sizes: X-Small	Small	_ Medium	Large			
	Adult Sizes:	Small	_ Medium _	Large	X-Large	_XX-Large	
PLEASE BE CERTAIN TO SELECT							SIZING
emergency, I authorize Goose Creek comply with the stated and customar release and hold harmless City of Go sponsors, and advertisers (releasee releasees or otherwise, to the fullest grant GC Recreation the unencumbe Goose Creek has the right pursuant For participants under the age of 1 to his/her release as provided above the minor's involvement or participati liability and assumption of risk agree	y terms and conditions for participa pose Creek Recreation, Goose Cree (s), with respect to any and all injury textent permitted by law. I likewise or dright to make promotional use of to the SC Setoff Debt Collection Act 18 at the time of registration : This for myself, my heirs, assigns, and ion in these programs as provided a	tion. I, for myself ek Recreation Co y, disability, death release from liab of any pictures ar t to collect any de is to certify that I next of kin, I rele above, even if arist	f and on behalf m mmission, their c n, or loss or dama ility, any person t id/or video tapes sliinquent sums du , as parent/guarc ase and agree to	hy heirs, assigns officers, officials, age to person oi transporting mys taken of the rec ue through offse dian with legal re hold harmless	s, personal represen, , agents, and /or em r property, whether a self or my child to ar gistrant while particip et of the state incom- esponsibility for this the Releasees from	tatives and next of ployees, other parti arising from the new d from these activit obating in this progra e tax refund includin participant, do conse any and all liabilitie	kin, hereby cipants, gligence of the ties. I further m. The City of ng all fees. sent and agree es incident to
hability and assumption of tisk agree	REQUESTS FOR SPECIA		IGNMENTS AF	RE NOT GUA	RENTEED		
ARE YOU INTERESTED IF YES, PLEASE COMPLETE A	IN BEING A HEAD COA	ACH THIS S	EASON?	YES	NO		
Signature:	lian Signature	_ NAME (Print):			DATE	E OF BIRTH:	
THERE ARE <u>NO REFUNDS</u> ON G							
		OFFICE US					
SPORT:	LEAGUE/AGE GRO	UP ASSIGNED	:				
DOES PARTICIPANT HAVE A BR	ROTHER/SISTER IN SAME LEA	GUE THIS SEA	SON? YES	NO	If yes, name:		
Birth Certificate on File? R							