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: _____ SUBDIVISON: _____

DATE OF BIRTH:_____ AGE: _____ SEX: MALE _____ FEMALE_____

CELL PHONE:_____ RELATIONSHIP TO PARTICIPANT: _____

CELL PHONE:_____ RELATIONSHIP TO PARTICIPANT: _____

EMAIL: _____

NAME OF MEDICAL INSURANCE: _____ DO YOU WANT TO PURCHASE PLAYGROUND INSURANCE? ($10) YES _____ NO _____

ANY MEDICAL ISSUES OR SPECIAL NEEDS WE NEED TO BE AWARE 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 THE CORRECT SIZE, UNIFORMS ARE NOT EXCHANGEABLE OR RETURNABLE. SAMPLES ARE AVAILABLE FOR SIZING.

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 sums due through offset of the state income tax refund including all fees.

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

REQUESTS FOR SPECIAL TEAM ASSIGNMENTS ARE NOT GUARENTEED

ARE YOU INTERESTED IN BEING A HEAD COACH THIS SEASON? YES _____ NO _____

***IF YES**, PLEASE COMPLETE A COACHES APPLICATION AND BACKGROUND CHECK.*

Signature: _____ NAME (Print): _____ DATE OF BIRTH: _____
Parent/Guardian Signature

THERE ARE NO REFUNDS ON GC RECREATION ATHLETIC PROGRAMS AND INSURANCE IS NON-REFUNDABLE. APPROVAL INITIAL _____

OFFICE USE ONLY

SPORT: _____ LEAGUE/AGE GROUP ASSIGNED: _____

DOES PARTICIPANT HAVE A BROTHER/SISTER IN **SAME LEAGUE** THIS SEASON? YES _____ NO _____ If yes, name: _____

Birth Certificate on File? _____ Residency Verified? _____ Date Registered: _____ Staff Initial: _____