

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

ADULT CO-ED SPORTS TEAM REGISTRATION FORM		
SPORT:		
TEAM NAME:		
TEAM MANAGER'S NAME:		
ADDRESS:		
CITY:		ZIP:
DATE OF BIRTH:	SEX: MALE	_FEMALE
CELL PHONE:	· · · · · · · · · · · · · · · · · · ·	
EMAIL:		
IZES FOR TEAM SHIRTS: SHIRT COLOR:		
Adult Small		
Adult Medium		
Adult Large		
Adult X-Large		
Adult XXL		
Adult XXXL		
Total Shirts		
PLEASE BE CERTAIN TO SELECT THE CORRECT SHIRT SIZES, SHIRTS ARE NOT EXCHANGEABLE OR RETURNABLE.		
ALL PLAYERS ON ROSTER MUST HAVE A TEAM SHIRT.		
ROSTERS ARE DUE AT FIRST GAME.		
ALL PAYMENTS ARE NONREFUNDABLE.		
Waiver & Release of Liability: In consideration of being allowed to participate acknowledges and agrees that there are always risks involved in participate even if arising from negligence and assume full responsibility for my partice mergency, I authorize Goose Creek Recreation or its representatives to comply with the stated and customary terms and conditions for participation release and hold harmless City of Goose Creek Recreation, Goose Creek sponsors, and advertisers (releasees), with respect to any and all injury, releasees or otherwise, to the fullest extent permitted by law. I likewise regrant GC Recreation the unencumbered right to make promotional use of Goose Creek has the right pursuant to the SC Setoff Debt Collection Act to	ion in recreational activities. I knowlipation. I declare the participant phy obtain emergency medical treatment n. I, for myself and on behalf my the Recreation Commission, their office disability, death, or loss or damage the lease from liability, any person transany pictures and/or video tapes take	ngly and freely assume all such risks, both known and unknown, sically able to participate in the activity. In the event of a medical for myself or child (if parent is not available). I willingly agree to eirs, assigns, personal representatives and next of kin, hereby ers, officials, agents, and /or employees, other participants, to person or property, whether arising from the negligence of the porting myself or my child to and from these activities. I further en of the registrant while participating in this program. The City of

OFFICE USE ONLY

Date Registered: _____ Staff Initial: _____ Team Name: ____