GOOSE CREEK RECREATION

P.O. DRAWER 1768
GOOSE CREEK, SOUTH CAROLINA 29445
(843) 569-4242

BASEBALL/SOFTBALL REGISTRATION: January 6-30, 2020
Return this form with birth certificate, proof of residency and fee. Registrations are only accepted at the Community Center
Acceptable forms of proof of residency
Homeowners: Drivers license or picture Id & most recent utility bill
Renters: Drivers license or picture Id, most recent utility bill & original rental agreement
Current address must be on all proofs of residency

PARTICIPANT'S NAME:_____ SEX: _____ AGE: _____

BIRTHDATE:_____ ADDRESS: _____ CITY: _____

ZIP CODE:_____ SUBDIVISON: _____ NAME OF MEDICAL INSURANCE: _____

CELL PHONE:_____ PERMISSION TO SEND TEXT MESSAGE: YES ___ NO ___ CELL PHONE CARRIER: _____

EMAIL: _____ OTHER PHONE: _____

DO YOU WANT TO PURCHASE PLAYGROUND INSURANCE? ($10) YES _____ NO _____

ANY SPECIAL NEEDS TO BE AWARE OF? YES _____ NO _____

DOES THE PARTICIPANT PLAY TRAVEL PLAY? YES _____ NO _____

ARE YOU INTERESTED IN BEING A HEAD COACH THIS SEASON? YES _____ NO _____ IF YES, PLEASE COMPLETE A COACHES APPLICATION AND BACKGROUND CHECK.

SIZE FOR UNIFORM PANTS: (circle one)	**Youth Sizes**:	X-Small	Small	Medium	Large	X-Large	
	Adult Sizes:		Small	Medium	Large	X-Large	
SIZE FOR TEAM SHIRT: (circle one)	**Youth Sizes:**	X-Small	Small	Medium	Large	X-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.

Signature: _____ Name (Print): _____
Parent/Guardian Signature

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

REQUESTS FOR SPECIAL TEAM ASSIGNMENTS WILL NOT BE CONSIDERED

FOR STAFF USE ONLY

PLAYING AGE: _____
Baseball as of 4/30/2020; Softball as of 8/31/2020

LEAGUE ASSIGNED: TBall Coach Pitch Kid/Coach Pitch
Baseball – Dixie Minors Dixie Youth Dixie Boys
Softball-- Coach Pitch Dixie Angels Dixie Ponytails Dixie Belles Dixie Debs

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: _____