

P.O. DRAWER 1768
GOOSE CREEK, SOUTH CAROLINA 29445
569-4242 or FAX 569-4241 Community Center
BASEBALL/SOFTBALL REGISTRATION 2018
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:		DA	TE OF BIRTH:		Age:	<u> </u>
	PARENT (RESPONSIBLE PARTY'S) NAME					
ADDRESS:			SUBDIVISON: _			
DAY PHONE:	CELL PHONE:		NAME OF MEDICA INS. CO:			_
DO YOU WANT	TO PURCHASE PLAYGROUND INSURANCE?	(\$10) Yes N	0			
DOES THE PAR	TICIPANT LIVE WITHIN THE GC RECREATION	I OR CITY OF GC BOUNDAF	RIES? YESNO_			
ANY SPECIAL N	EEDS TO BE AWARE OF? YESN	10				
SIZE FOR UI	NIFORM PANTS: (circle one) Youth S Adult S	Sizes: X-Small Sma Sizes: Small Mediur	all Medium Large m Large X-Large	: X-Large		
SIZE FOR TE	EAM SHIRT: (circle one) Youth Sizes Adult Sizes:	: Small Medium L : Small Medium La		.arge		
	CERTAIN TO SELECT THE CORRECT REAVAILABLE FOR SIZING.	CT SIZE, UNIFORMS	ARE NOT EXCHAN	GEABLE OR	RETURNABL	.E.
ARE YOU IN	TERESTED IN BEING A HEAD COA	CH THIS SEASON? _	IF	YES, PLEA	SE COMPLET	ΕA
acknowledges an even if arising fro emergency, I auti comply with the s release and hold sponsors, and ac releasees or othe grant GC Recrea	se of Liability: In consideration of being allowed in a dagrees that there are always risks involved in purn negligence and assume full responsibility for inhorize Goose Creek Recreation or its represental stated and customary terms and conditions for patharmless City of Goose Creek Recreation, Goosd divertisers (releasees), with respect to any and alterwise, to the fullest extent permitted by law. I like tion the unencumbered right to make promotionals the right pursuant to the SC. Setoff debt collective.	participation in recreational ac my participation. I declare the tives to obtain emergency me rticipation. I, for myself and c ee Creek Recreation Commiss Il injury, disability, death, or lo ewise release from liability, al il use of any pictures and/or v	ctivities. I knowingly and fre participant physically able idical treatment for myself on behalf my heirs, assigns sion, their officers, officials, ses or damage to person or ny person transporting mysideo tapes taken of the rec	eely assume all s to participate in to or child (if parent s, personal repres, agents, and /or r property, wheth self or my child to gistrant while par	such risks, both kno the activity. In the et is not available). I sentatives and nex employees, other per er arising from the o and from these acticipating in this pro	own and unknown event of a medica willingly agree to t of kin, hereby participants, a negligence of the ctivities. I further ogram. The City o
to his/her release the minor's involve	under the age of 18 at the time of registration as provided above, for myself, my heirs, assigns rement or participation in these programs as proven proving the second of risk agreement and sign it freely and vo	s, and next of kin, I release ar vided above, even if arising fro	nd agree to hold harmless	the Releasees fi	rom any and all liab	pilities incident to
Signature:	Parent/Guardian Signature	Name (Print):		Email:		
There are no re	Parent/Guardian Signature efunds on GC Recreation Athletic Programs.	Insurance is non-refund	able. Approval Initial			
	REQUESTS FOR SPE	CIAL TEAM ASSIGNME FOR STAFF USE		NSIDERED		
			-			
PLAYING AGE: Baseball as of 4	t : f 4/30/2018; Softball as of 12/31/2017	LEAGUE ASSIGNED: 1				
		В	aseball – Dixie Minors I	Dixie Youth Dix	xie Boys	
		S	oftball Coach Pitch D	ixie Angels D	ixie Ponytails D	ixie Belles
DOES PARTICI	PANT HAVE A BROTHER/SISTER IN SAME	LEAGUE THIS SEASON?	If yes, name	:		
Birth Certificate	on File?	Residency Verified?				
Date Pegistered	1.	Staff Initial:				