

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

PARTICIPANTS NAME:	DA	TE OF BIRTH:		Age:	
Sex: PARENT (RESPONSIBLE PARTY'S)) NAME:				
ADDRESS:		SUBDIVISO	N:		
DAY CELL PHONE: PHONE:		NAME OF MI	EDICAL		
DO YOU WANT TO PURCHASE PLAYGROUND INSURA	NCE? (\$10) Yes N	10			
DOES THE PARTICIPANT LIVE WITHIN THE GC RECRE	EATION OR CITY OF GC BOUNDA	RIES? YES	NO		
ANY SPECIAL NEEDS TO BE AWARE OF? YES	NO				
SIZE FOR UNIFORM PANTS: (circle one) You Add	outh Sizes: X-Small Sma dult Sizes: Small Mediu	all Medium La m Large X-La	arge X-Large arge		
SIZE FOR TEAM SHIRT: (circle one) Youth S Adult S	Sizes: Small Medium L Sizes: Small Medium La		ίΧ-Large		
PLEASE BE CERTAIN TO SELECT THE CO SAMPLES ARE AVAILABLE FOR SIZING.	PRRECT SIZE, UNIFORMS	ARE NOT EXCH	ANGEABLE OR I	RETURNABLE.	
ARE YOU INTERESTED IN BEING A HEAD COACHES FORM.	COACH THIS SEASON?		_ IF YES, PLEAS	E COMPLETE A	
Waiver & Release of Liability: In consideration of being a acknowledges and agrees that there are always risks invol even if arising from negligence and assume full responsibil emergency, I authorize Goose Creek Recreation or its repr comply with the stated and customary terms and conditions release and hold harmless City of Goose Creek Recreatior sponsors, and advertisers (releasees), with respect to any releasees or otherwise, to the fullest extent permitted by la grant GC Recreation the unencumbered right to make pror Goose Creek has the right pursuant to the SC. Setoff debt For participants under the age of 18 at the time of regis to his/her release as provided above, for myself, my heirs,	ved in participation in recreational arity for my participation. I declare the esentatives to obtain emergency me for participation. I, for myself and a formaticipation. I, for myself and a formaticipation. I, for myself and a formaticipation. I, for myself and a formaticipation of the formaticipa	ctivities. I knowingly ar participant physically edical treatment for my pon behalf my heirs, as- sion, their officers, officers of poss or damage to person transporting rideo tapes taken of the ent sums due through of arent/guardian with leg-	and freely assume all sud able to participate in the reself or child (if parent is signs, personal represe cials, agents, and /or er on or property, whether it myself or my child to a e registrant while partic offset of the state incom	ch risks, both known and unknow e activity. In the event of a medic is not available). I willingly agree to entatives and next of kin, hereby mployees, other participants, r arising from the negligence of t and from these activities. I further cipating in this program. The City ne tax refund including all fees. s participant, do consent and agr	he
the minor's involvement or participation in these programs liability and assumption of risk agreement and sign it freely	as provided above, even if arising fr				
Signature: Parent/Guardian Signature	Name (Print):		Email:		
Refunds must be requested prior to uniforms being o Initial	rdered. There is a \$5 handling	fee on all refunds.	Insurance is non-re	efundable. Approval	
REQUESTS FO	R SPECIAL TEAM ASSIGNME	NTS WILL NOT BE	CONSIDERED		
	FOR STAFF USE	ONLY			
PLAYING AGE:	LEAGUE ASSIGNED:	ΓBall Coach Pitch	Kid/Coach Pitch		
Baseball as of 4/30/2018; Softball as of 12/31/2017	E	Baseball – Dixie Mino	rs Dixie Youth Dixie	e Boys	
	\$	oftball Coach Pitch	n Dixie Angels Dix	xie Ponytails Dixie Belles	
DOES PARTICIPANT HAVE A BROTHER/SISTER IN	SAME LEAGUE THIS SEASON?	' If yes, n	ame:		
Birth Certificate on File?	Residency Verified?				
Date Registered:	Staff Initial:				