

## CITY OF GOOSE CREEK RECREATION DEPARTMENT

P.O. DRAWER 1768
GOOSE CREEK, SOUTH CAROLINA 29445
569-4242
2019 CHEERLEADING REGISTRATION FORM

Return this form between May 27-June 27 along with birth certificate, proof of residency and proper fee.

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 Registrations only accepted at the Community Center

PARTICIPANT'S NAME:		Sex:		
DATE OF BIRTH:	Age :			
ADDRESS:		SUBDIVISON:		-
DAY PHONE:	EVENING PHONE:	NAME OF MEDICAL		
DO YOU WANT TO PUI	RCHASE PLAYGROUND IN	NSURANCE? (\$10.00) Yes_	NO	
DOES THE PARTICIPANT	LIVE WITHIN THE G.C. R	ecreation BOUNDARIES?	YESNO	
ANY SPECIAL NEEDS TO	BE AWARE OF? YES	SNO		
DID PARTICIPANT CHEE	R FOR GC Recreation LAS	T SEASON?IF YE	S, PLEASE COMPLETE I	BACK OF FORM
ARE YOU INTERESTED I	N BEING A HEAD CHEER	COACH THIS SEASON?	IF YES, PLEASE O	COMPLETE A COACHES FORM
acknowledges and agrees that the even if arising from negligence as emergency, I authorize Goose Comply with the stated and custorelease and hold harmless City sponsors, and advertisers (releasees or otherwise, to the figrant GC Recreation the unencut Goose Creek has the right pursuant For participants under the age to his/her release as provided at the minor's involvement or participants.	here are always risks involved in pand assume full responsibility for not reek Recreation or its represental mary terms and conditions for pand Goose Creek Recreation, Goosesees), with respect to any and all ullest extent permitted by law. I like imbered right to make promotional mant to the SC. Setoff Debt Collect of 18 at the time of registration pove, for myself, my heirs, assigns	participation in recreational activities by participation. I declare the participations to obtain emergency medical triticipation. I, for myself and on behate Creek Recreation Commission, the Il injury, disability, death, or loss or devise release from liability, any persituse of any pictures and/or video tation Act to collect any delinquent surth. This is to certify that I, as parent/gs, and next of kin, I release and agredided above, even if arising from their	I knowingly and freely assume cant physically able to participate the participation of the pa	events and activities, the undersigned all such risks, both known and unknown, a in the activity. In the event of a medical arent is not available). I willingly agree to expresentatives and next of kin, hereby I /or employees, other participants, hether arising from the negligence of the ild to and from these activities. I further participating in this program. The City of e income tax refund including all fees.  for this participant, do consent and agree es from any and all liabilities incident to it of the law. I have read this release of
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Signature: Parent/G	uardian Signature	rint): Insurance is non-refundable.	Annoual Tribial	
			.,	
	REQUESTS FUR SPECIA	<u>AL TEAM ASSIGNMENTS</u> FOR STAFF USE ON		DERED
PLAYING AGE: as of 9/1/19				
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<u> </u>		ERLEADING THIS SEASON?		
BIRTH CERTIFICATE ON FILE	?	Residency Verified?		
Staff Initial:	DAT	TE REGISTERED:		