

P.O. DRAWER 1768
GOOSE CREEK, SOUTH CAROLINA 29445
569-4242 or FAX 569-4241 Community Center
FALL BASEBALL/SOFTBALL REGISTRATION 2018
Return this form with birth certificate, proof of residency and 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

PARTICIPANT'S NAME:	S 				DATE OF BIRT	<u> H:</u>		Age :	_	
Sex:	PAI	PARENT (RESPONSIBLE PARTY'S) NAME:								
					SUBDIVISON:				_	
DAY PHONE:	EVENING PHONE:			NAME OF MEDICAL INS. CO:					_	
DO YOU WANT	TO PURCHA	SE PLAY	GROUND INS	URANCE?	? (\$10.00) Yes	NO	_			
DOES THE PAR	RTICIPANT LIV	√E WITHII	N THE GC RE	CREATIO	N OR CITY OF GC	BOUNDARIES?	YES	NO	_	
ANY SPECIAL I	NEEDS TO BE	AWARE	OF? YE	SI	NO					
DOES THE PAR	RTICIPANT PI	_AY TRAV	EL BALL?	YES_	NO					
T-Shirt Size:	Youth:	Small	Medium	Large						
	Adult:	Small	Medium	Large	X-Large					
Please look at the	ne samples pro	ovided and	select the co		Shirts are not return		eable once ord	lered. Cost of re	placement must be	
even if arising fron emergency, I authoromply with the starelease and hold his sponsors, and adviceleasees or other grant GC Recreati Goose Creek has	n negligence and orize Goose Cre ated and custom narmless City of vertisers (release wise, to the fulle on the unencum the right pursuar	d assume full ek Recreati ary terms a Goose Cree ees), with rest extent per bered right to the SC	Il responsibility to on or its represend conditions fo k Recreation, Gespect to any aremitted by law. to make promoti Setoff debt coll	for my particentatives to comparticipation of the control of the c	tion in recreational acticipation. I declare the pobtain emergency med on. I, for myself and on Recreation Commission disability, death, or losselease from liability, any any pictures and/or vide o collect any delinquents to certify that I, as par	articipant physically cal treatment for my behalf my heirs, as on, their officers, offis or damage to person transporting to tapes taken of the sums due through	able to participa yself or child (if p signs, personal i cials, agents, an on or property, v g myself or my cl he registrant whil offset of the stat	te in the activity. In larent is not available representatives and d /or employees, o whether arising frou hild to and from the e participating in the e income tax refund	the event of a medica ole). I willingly agree to d next of kin, hereby ther participants, m the negligence of th se activities. I further is program. The City of d including all fees.	
to his/her release a	as provided above ement or participation of risk agre	ve, for myse ation in thes eement and	elf, my heirs, ass se programs as s sign it freely an	signs, and ne provided abo d voluntarily	ext of kin, I release and ove, even if arising fron '.	agree to hold harn their negligence, t	nless the Releas o the fullest exte	ees from any and a nt of the law. I hav	all liabilities incident to re read this release of	
Signature:	Devent/Cue	udian Ciana	Name	e (Print):		Email: _				
Refunds must be Approval Initial_	requested pric	or to unifo	rms being orde	ered. Ther	re is a \$5 handling fo	ee on all refunds.	Insurance is	non-refundable.		
		REQUES	TS FOR SPI	FCIAL TE	EAM ASSIGNMEN	ITS WILL NOT	BE CONSID)FRFD		
	•				R STAFF USE					
League: B	aseball 9-	10 Ba	seball 11	-12 B	aseball 13-14	Softball 9-	10 Softb	oall 11-12 So	oftball 13-15	
DOES PARTICIPA	ANT HAVE A BR	OTHER/SIS	STER IN SAME	LEAGUE TH	HIS SEASON?	If yes,	name:			
					ncy Verified?					
Date Registered:			Ş	Staff Initial:						