CITY OF GOOSE CREEK RECREATION DEPARTMENT

P.O. DRAWER 1768 GOOSE CREEK, SOUTH CAROLINA 29445 569-4242 or FAX 569-4241

2018 FOOTBALL REGISTRATION FORM

Return this form along with proper fee, proof of residency and birth certificate.

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:	SS#:		
DATE OF BIRTH:		Age :					
ADDRESS:							
DAY PHONE:	EVENING PHONE:			ME OF MEDICAL			
DO YOU WANT T	O PURCHASE PLAYO	GROUND INSU	RANCE?	Yes	NO		
DOES THE PART	ICIPANT LIVE WITHI	N THE G.C.Rec	reation BC	OUNDARIES?	YES	NO	
ANY SPECIAL NE	EEDS TO BE AWARE	OF? YES	N	0			
ARE YOU INTEREST	ED IN BEING A HEAD FO	OOTBALL COACH	THIS SEAS	ON?	IF YES, PLE	ASE COMPLETE A C	OACHES FORM.
acknowledges and agreeven if arising from neg emergency, I authorize comply with the stated a release and hold harmle sponsors, and advertis releasees or otherwise, grant GC Recreation th	Liability: In consideration of the sest that there are always risk ligence and assume full resp. Goose Creek Recreation or and customary terms and contess City of Goose Creek Recers (releasees), with respecto the fullest extent permitted unencumbered right to mal ght pursuant to the SC. Seto	is involved in participonsibility for my participonsibility for my partits representatives to participa creation, Goose Creet to any and all injurated by law. I likewise the promotional use	pation in recre ticipation. I de o obtain emer tion. I , for my ek Recreation y, disability, d release from of any picture	eational activities. eclare the particip gency medical tropic and on behata a Commission, the eath, or loss or data liability, any persons and/or video tap	I knowingly and fre ant physically able eatment for myself If my heirs, assigns eir officers, officials amage to person of on transporting mys- pes taken of the rec	eely assume all such risk to participate in the activ or child (if parent is not a s, personal representativ agents, and /or employ r property, whether arisir self or my child to and frogistrant while participatin	ks, both known and unknown wity. In the event of a medica available). I willingly agree to es and next of kin, hereby ees, other participants, ng from the negligence of thom these activities. I further g in this program. The City of
to his/her release as prothe minor's involvement	r the age of 18 at the time of covided above, for myself, my tor participation in these pro of risk agreement and sign i	heirs, assigns, and grams as provided a	next of kin, I above, even if	release and agree	e to hold harmless	the Releasees from any	and all liabilities incident to
	Parent/Guardian Signature uested prior to uniforms b						
	REQUESTS FOR	R SPECIAL TI	EAM ASS	SIGNMENTS	WILL NOT	BE CONSIDERE	D
		FO	R STAF	F USE O	NLY		
PLAYING AGE: as of	9/1/18		LEAGUE:	Midget 6-8	PeeWee 9-10	Small Fry 11-12	Bantam 13-14
Team Assigned:							
DOES PARTICIPA	ANT HAVE A SIBLING	IN FOOTBALL	/CHEERLI	EADING THI	S SEASON? _	<u>.</u>	
IF YES, NAME:		_LEAGUE:					
Birth Certificate on Fil	e?		RESIDEN	NCY VERIFIED?			
Staff Initial:		DAT	E REGISTEI	RED:			