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
Registrations are only accepted at the Community Center

PARTICIPANT'S NAM	E:			;	Sex:	Age :_	
BIRTHDATE:	ADDRESS:				CITY:		
ZIP CODE:	SUBDIVISON:		NAME OF	MEDICAL IN	SURANCE:		
CELL PHONE:	PERMIS	SSION TO SEND TEXT M	ESSAGE: YE	ES NO	CELL PHON	E CARRIER:_	
EMAIL:			OTHER PH	HONE:			
DO YOU WANT TO PUR	CHASE PLAYGROUN	D INSURANCE? (\$10)	Yes	NO			
ANY SPECIAL NEEDS T	O BE AWARE OF?	YES	NO	<u> </u>			
ARE YOU INTEREST! IF YES, PLEASE COM Waiver & Release of Liability: acknowledges and agrees that ti	IPLETE A COACHE In consideration of being allow	S APPLICATION. ved to participate in Goose Cre	eek Recreation	sports, programs,	related events		e undersigned
even if arising from negligence a emergency, I authorize Goose C comply with the stated and custo release and hold harmless City of sponsors, and advertisers (relea- releasees or otherwise, to the fu- grant GC Recreation the unencu- Goose Creek has the right pursu	and assume full responsibility for creek Recreation or its represe omary terms and conditions fo of Goose Creek Recreation, Gooses, with respect to any ar allest extent permitted by law.	for my participation. I declare tentatives to obtain emergency r participation. I, for myself an coose Creek Recreation Commod all injury, disability, death, o I likewise release from liability ional use of any pictures and/c	the participant participant participant in medical treatment on behalf my nission, their of or loss or damage, any person tract video tapes to refer to the participant in the participa	ohysically able to p nent for myself or ch y heirs, assigns, pe ficers, officials, age ge to person or pro ansporting myself of aken of the registra	articipate in the nild (if parent is rsonal represer ents, and /or em perty, whether or my child to an ant while partici	activity. In the e not available). I ntatives and nex ployees, other p arising from the nd from these ac pating in this pro-	event of a medical willingly agree to t of kin, hereby participants, negligence of the ctivities. I further ogram. The City of
For participants under the age to his/her release as provided at the minor's involvement or partic liability and assumption of risk age.	oove, for myself, my heirs, ass cipation in these programs as	signs, and next of kin, I release provided above, even if arising	and agree to	hold harmless the	Releasees from	any and all liab	oilities incident to
Signature:Parent		Name (Print	:):				
There are <u>NO REF</u> Insurance is non-r	F <u>UNDS</u> on Goose (efundable.		Athletic	Programs.	Approv	val Initial	
		FOR STAFF U					
PLAYING AGE: as of 9/1	/18		LEAGUE:	Midget/Flag 6-8	Pee Wee 9-10	Small Fry 11-12	Bantam 13-14
DOES PARTICIPANT HA	AVE A SIBLING IN FOO	OTBALL OR CHEERLE	ADING THIS	S SEASON?	/ES	_NO	_
IF YES, NAME:			LEAGUE:				
Birth Certificate on File?		RESIDENCY VERIFIE	D?				
Staff Initial:		DATE REGISTERED:					