

**CITY OF GOOSE CREEK RECREATION  
P.O. DRAWER 1768  
GOOSE CREEK, S.C. 29445  
Community Center: 569-4242 or FAX 569-4241**

**2018 SPRING BASKETBALL REGISTRATION FORM  
Registration Dates: February 5-20, 2018  
Birth certificate and proof of residency are required when registering.**

**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: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Age : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

NAME OF PARENT/LEGAL GUARDIAN (UNDER 18): \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ NAME OF MEDICAL INS. CO: \_\_\_\_\_

DO YOU WANT TO PURCHASE PLAYGROUND INSURANCE? (\$10.00) Yes \_\_\_\_\_ NO \_\_\_\_\_

DOES THE PARTICIPANT LIVE WITHIN THE GC Recreation or City of GC BOUNDARIES? YES \_\_\_\_\_ NO \_\_\_\_\_

ANY SPECIAL NEEDS TO BE AWARE OF? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU INTERESTED IN BEING A HEAD BASKETBALL COACH THIS SEASON? \_\_\_\_\_ IF YES, PLEASE COMPLETE A COACHES FORM.

**SIZE OF UNIFORM T-SHIRT:** YXS YS YM YL YXL AS AM AL AXL A2XL A3XL

**Please make sure of shirt size – shirts are not exchangeable or returnable. Sample shirts are available for sizing.  
Participants provide their own solid black shorts. Shorts cannot have pockets, belt loops or zippers.**

Waiver for Participation: I understand that there are always risks involved in participating in recreational activities. I acknowledge these risks and declare the participant physically able to participate in this activity. In the event of a medical emergency, I authorize City of Goose Creek Recreation, the Goose Creek Concerned Citizens or its representatives to obtain emergency medical treatment for my child (if a parent is not available). In consideration of your accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all right and claims for damages I may have against the Goose Creek Recreation or its representatives, successors, agents, sponsors, supervisors and instructors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I likewise release from responsibility, any person transporting myself or my child to and from these activities. I further grant GC Recreation the unencumbered right to make promotional use of any pictures and/or videotapes taken of the registrant while participating in this program. Disclosure of your social security number is voluntary. These numbers are only used for medical information in the event of an emergency or for debt collection.

**REFUND POLICY:** Refunds will be issued up to one week prior to the start of the season, if no uniform has been ordered. Once a uniform has been ordered, there are no refunds. Requests for refunds must be made in writing on a Refund Request Form, available at the Recreation Center. There are NO REFUNDS ON NON-RSIDENT FEES, LATE FEES OR INSURANCE. There is a \$5.00 handling fee on all refunds.

**SIGNATURE:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18)

**REQUESTS FOR SPECIAL TEAM ASSIGNMENTS WILL NOT BE CONSIDERED.  
ALL PLAYERS WILL GO INTO THE DRAFT.**

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**FOR STAFF USE ONLY**

PLAYING AGE: \_\_\_\_\_ LEAGUE ASSIGNED: **Tiny Tot (5-6) Pee Wee (7-8) Small Fry (9-10) Mite (11-12)**

AGE AS OF: **June 1, 2018**

**Midget (13-14) Junior (15-17) Women 50 & Over**

DOES PARTICIPANT HAVE A BROTHER/SISTER IN SAME LEAGUE THIS SEASON? YES NO

IF YES, NAME: \_\_\_\_\_

Birth Certificate on File? \_\_\_\_\_ Residency Verified? \_\_\_\_\_

Date Registered: \_\_\_\_\_ Staff Initial: \_\_\_\_\_