



CITY OF GOOSE CREEK RECREATION
P.O. DRAWER 1768
GOOSE CREEK, S.C. 29445

Community Center: 569-4242 or FAX 569-4241

SUMMER BASKETBALL REGISTRATION FORM

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 : _____ MEDICAL INS: _____

ADDRESS: _____ SUBDIVISON: _____

DAY PHONE: _____ EVENING PHONE: _____ CELL PHONE: _____

DO YOU WANT TO PURCHASE PLAYGROUND INSURANCE? Yes _____ NO _____

DOES THE PARTICIPANT LIVE WITHIN THE G.C.Recreation or City of GC BOUNDARIES? YES _____ NO _____

ANY SPECIAL NEEDS TO BE AWARE OF? YES _____ NO _____

Do you want to purchase a gym membership for your child? _____ (players who want to practice in the gym at times other than scheduled practices must have a gym membership)

SIZE FOR UNIFORM SHORTS: Youth Sizes: X-Small Small Medium Large
Adult Sizes: Small Medium Large X-Large

SIZE FOR T-SHIRTS: Youth Sizes: X-Small Small Medium Large
Adult Sizes: Small Medium Large X-Large XX-Large

**** PLEASE BE CERTAIN TO ORDER THE CORRECT SIZE; SHORTS & T-SHIRTS ARE NOT EXCHANGEABLE OR RETURNABLE. SAMPLES ARE AVAILABLE IN THE OFFICE FOR SIZING.**

ARE YOU INTERESTED IN BEING A HEAD COACH THIS SEASON? _____ IF YES, PLEASE COMPLETE COACHES FORM

Waiver & Release of Liability: In consideration of being allowed to participate in Goose Creek Recreation sports, programs, related events and activities, the undersigned acknowledges and agrees that there are always risks involved in participation in recreational activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence and assume full responsibility for my participation. I declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize Goose Creek Recreation or its representatives to obtain emergency medical treatment for myself or child (if parent is not available). I willingly agree to comply with the stated and customary terms and conditions for participation. I, for myself and on behalf my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless City of Goose Creek Recreation, Goose Creek Recreation Commission, their officers, officials, agents, and /or employees, other participants, sponsors, and advertisers (releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I likewise release from liability, 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 video tapes taken of the registrant while participating in this program. The City of Goose Creek has the right pursuant to the SC. Setoff Debt Collection Act to collect any delinquent sum due through offset of the state income tax refund including all fees.

For participants under the age of 18 at the time of registration: This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, for myself, my heirs, assigns, and next of kin, I release and agree to hold harmless the Releasees from any and all liabilities incident to the minor's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent of the law. I have read this release of liability and assumption of risk agreement and sign it freely and voluntarily.

Signature: _____ Name (Print): _____ Email: _____
Parent/Guardian Signature

There are no refunds on GC Recreation Athletic Programs. Insurance is non-refundable. Approval Initial _____

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

FOR STAFF USE ONLY

PLAYING AGE: _____ LEAGUE ASSIGNED: **Tiny Tot** **Pee Wee** **Small Fry**
AGE AS OF: August 1, 2019 **Mite** **Midget** **Junior**

DOES PARTICIPANT HAVE A BROTHER/SISTER IN SAME LEAGUE THIS SEASON? _____ IF YES, NAME: _____

Birth Certificate on File? _____ Residency Verified? _____ Staff Initial: _____ Date Registered: _____ GYM MEMBER # _____