

## CITY OF GOOSE CREEK RECREATION DEPARTMENT

P.O. DRAWER 1768 GOOSE CREEK, SOUTH CAROLINA 29445 569-4242, ext. 5291

## 2024 CHEERLEADING REGISTRATION FORM

Return this form between May 20-June 27 along with birth certificate, proof of residency and proper fee.

Acceptable forms of proof of residency

Homeowners: Driver's license or picture Id & most recent utility bill

Renters: Driver's 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	AG	E			
ADDRESS			;	SUBDIVIS	ON:
DAY PHONE	EVENING PHONE			OF MEDICA O:	- 
DO YOU WANT TO PURC	HASE PLAYGROUND IN	NSURANCE? (\$10.00) Y	es		NO
DOES THE PARTICIPANT	LIVE WITHIN THE G.C.	Recreation BOUNDARIE	S? Y	ES	_NO
ANY SPECIAL NEEDS TO	BE AWARE OF?	/ESNO			
DID PARTICIPANT CHEE	R FOR GC Recreation LA	AST SEASON?	-		
ARE YOU INTERESTED I	N BEING A HEAD CHEE	R COACH THIS SEASON	N?	IF Y	ES, PLEASE COMPLETE A COACH'S FORM
comply with the stated and custorelease and hold harmless City of sponsors, and advertisers (releases or otherwise, to the full grant GC Recreation the unencus Goose Creek has the right pursuant of the comparticipants under the age to his/her release as provided at	omary terms and conditions for of Goose Creek Recreation, Go asses), with respect to any and est extent permitted by law. I limbered right to make promotic ant to the SC. Setoff debt collection of 18 at the time of registration or myself, my heirs, assignation in these programs as p	participation. I, for myself and opose Creek Recreation Commis all injury, disability, death, or los ikewise release from liability, and use of any pictures and/or vection act to collect any delinque ion: This is to certify that I, as p gns, and next of kin, I release a provided above even if arising from	on behalf sion, thei ss or dam y person video tape ent sums arent/guand agree	f my heirs, a ir officers, of nage to pers transporting es taken of t due through ardian with let to hold har	pyself or child (if parent is not available). I willingly agree to ssigns, personal representatives and next of kin, hereby ficials, agents, and /or employees, other participants, on or property, whether arising from the negligence of the myself or my child to and from these activities. I further he registrant while participating in this program. The City of offset of the state income tax refund including all fees.  Regal responsibility for this participant, do consent and agree mless the Releases from any and all liabilities incident to o the fullest extent of the law. I have read this release of
Signature:Parent/G	Na uardian Signature	ame (Print):		Em	nail:
There are no refunds on GC	Recreation Athletic Program		able.	Approval I	nitial
	LQULSTS FOR SFEC				T BE CONSIDERED
		FOR STAFF US	E ON	LY	
PLAYING AGE: as of 9/1/24	Team Assigned:				-
DOES PARTICIPANT HAVE A S	SIBLING IN FOOTBALL OR CH	HEERLEADING THIS SEASON	?		
BIRTH CERTIFICATE ON FILE?	·	Residency Verified?			
STAFF INITIALS:		DATE REGISTERED:			