

CLARENDON COUNTY RECREATION

Your signature on this form will allow the CCRD
to use your child's pictures in promotions.

REGISTRATION FORM

Participant's Name (As it appears on birth certificate): _____

Date of Birth: _____ Playing Age: _____ Sex: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Any special needs to be aware of? Yes ___ No ___ Comments _____

Email Address: _____

Waiver for participant (Please read): In consideration of your accepting my child's or my entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Clarendon County Recreation Department or its representatives, successors, agents, sponsors, supervisors, coaches, and instructors for any and all injuries suffered by myself and 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.

Parent/Legal Guardian Signature _____

Sport/Activity _____ Team _____ Draft _____

Playing Age: _____ School attending: _____

Played last year? Yes ___ No ___ League _____ Team _____

Birth Certificate ___ Staff Initial ___

Date registered _____ FEE PAID \$ _____ Cash ___ Check _____

Debit / Credit _____

UNIFORM SIZE:

SHIRT: Youth sizes: S M L

Adult sizes: S M L XL XXL

PANTS/SHORTS: Youth sizes: XS S M L

Adult sizes: S M L XL XXL

Parent,

Would you be interested in being a head coach? Yes ___ No ___

Would you be interested in being an assistant coach? Yes ___ No ___

If yes, what age group? _____

SHIRT SIZE: Adult sizes: S M L XL XXL