## **CLARENDON COUNTY RECREATION**

## **REGISTRATION FORM**

Participants Name (As it appears o	n 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	Commer	nts:	
Waiver for participant (Please rehereby, for myself, my child, my hand claims for damages I or my chirepresentatives, successors, agents, suffered by myself and my child at responsibility, any person transport	eirs, executors and ild may have again sponsors, supervise any activity sponse ting myself or my c	administrators, wast the Clarendon Cors, coaches, and ored by these groubhild to and from the coaches and the coaches are the coaches and the coaches are the	aive and release County Recreation instructors for an aps. I likewise rehese activities.	any and all rights on Department or its ny and all injuries
Sport	Team			
Playing Age:	School attending:			
Played last year? Yes	No	League	Team _	
Birth Certificate Staff Ini	itial			
Date registered	FEE PAID \$	Cash	Check	
Receipt number				
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 i Would you be interested i If yes, what age group?	n being an assistan	t coach? Yes	_ No	