



REGISTRATION FORM

(Please Print or Type)

Participant's Name _____ Circle One: Male / Female

Full Name Required: First Middle Last

Birthdate: _____ Playing Age: _____ Birth Certificate Copy Received: Yes / No

Address _____ City _____ State _____ Zip _____

Cell (Mom) # (____) _____ - _____ Cell (Dad) # (____) _____ - _____ Other # (____) _____ - _____

(Parent/Guardian) E-Mail _____

Participant Sport/Activity: _____

Participant Playing Location:

(Only if offered by the CCRD and there are teams for those sports/activities in those areas of the county)

Manning

Turbeville

Summerton

Is this a new participant - Yes / No

If returning, has any of the information above changed since last year - Yes / No

League/Team/Coach Name Last Year _____

Any special needs or allergies to be aware of? Yes / No Comments: _____

School attending: _____

Player's Sizes: **TEAM SHIRTS (Only)**

Youth Sizes: YS YM YL

Adult Sizes: AS AM AL AXL AXXL

SIBLINGS/RELATIVES NAME (If same age group only)

PLEASE NOTE: All Participants will be placed on a team by the Recreation Director or placed on a team from a draft system. There is no guarantee a participant will get placed on a certain team or with a certain coach or player. All participants in the competitive age divisions will be required to play with their age group, unless approved by the Parks and Recreation Director.

Parent(s)/Guardian Names (Please print) Mom: _____ Dad: _____

Parent/Guardian Signature _____

TEAM SPONSOR: YES/ NO TEAM SPONSOR NAME: _____

OFFICE USE ONLY	Amount Paid \$ _____	Check # _____	CC _____	Cash _____	Date _____	Employee _____
Recorded in Rec Desk _____	Receipt # _____	Comments _____				

Waiver/Liability Release for Participant

In consideration for your accepting my child's or my entry to participate in Clarendon County Parks and Recreation activities and events. I assume all risk and hazard incidental to such participation, including transportation to and from all activities; and do hereby for myself, my child, my heirs, executors and administrators waive and release all rights and claims for damages I or my child may have against Clarendon County Government and the Clarendon County Recreation Department of its representatives, successors, agents, sponsors and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants, and person transporting the child to and from activities, for any claim arising out of any injury to the child. I hereby release, absolve, indemnify grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic for any and all injuries suffered by myself and my child at any activity or event by these group if the above become ill or injured while participating in league activities away from home or at other times when neither parent/guardian is available to grant authorization of emergency treatment. I hereby allow the Clarendon County Recreation Department to use any pictures taken while at events and activities in promotional advertisements including social media accounts.

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

Clarendon County, South Carolina ("Clarendon County") has put in place preventative measures to reduce the spread of COVID-19; however, Clarendon County cannot guarantee that you and your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending and participating in the Clarendon County Recreation Program, and that such exposure of infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed or infected by COVID-19 at the Clarendon County Recreation Program(s) may result from actions, omissions or negligence of myself and others, including, but not limited to, Clarendon County employees, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the Clarendon County Recreation Program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Clarendon County, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Clarendon County, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Clarendon County Recreation Program.

PARENT'S CODE OF CONDUCT

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun, and that the game is for youths, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I (and my guests) will be positive role models for my child and encourage sportsmanship by showing respect and courtesy.
5. I (and my guests) will not engage in any unsportsmanlike conduct with any official, coach, player, parent, or staff member, such as booing and taunting, or using profane language or gestures.
6. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
7. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
8. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
9. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.
10. I will refrain from coaching my child or other players during games and practices unless I am an official coach.

***** VIOLATION OF ANY OF THE ABOVE MAY RESULT IN A SUSPENSION OF ONE GAME UP TO ONE YEAR DEPENDING ON THE SEVERITY OF THE VIOLATION (ACCORDING TO THE C.C.R.D. ATHLETIC POLICY MANUAL.**

Parent/Guardian Name (Please print) _____

Parent /Guardian Signature _____

Child's Name (Printed) _____ Date _____