



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: YXS YS YM YL YXL

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/Guardian Name (Please print) _____

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 _____				