



Fort Mill Parks & Recreation Athletic Registration Form

Department Mission: Creating Community through People, Parks, and Programs

Parent/Guardian Name: _____ Resident of York County, SC (circle one): YES NO

Participant's Name: _____ Male/Female: _____ Birth Date: ____/____/____

Sport: _____ Age as of Registration: _____

Uniform Size (Circle): **Youth:** Small Medium Large **Adult:** Small Medium Large X-Large

Address: _____ City: _____ Zip: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____ Relationship To Participant: _____

WAIVER:

Insurance coverage is a requirement to participate in any Fort Mill Parks and Recreation Department Program. I, the undersigned: parent/adult legal guardian, certify that the name dparticipant, below is covered by an insurance program with _____ Company which will compensate for injuries incurred while participatin in Town of Fort Mill Parks and Recreation activities.

I also hereby release Fort Mill Parks and Recreation Department and Leroy Springs & Company Inc., its directors, officers, employees, agents, or volunteers from all liability related to loss or damage to personal property or bodily injury, while traveling to/from sponsored events, or while on properties owned by the Town of Fort Mill, Leroy Springs & Company, Inc., Fort Mill School District #4, and/or Comenius School for Creative.

Signature of Adult/Parent/Guardian Date

FORT MILL PARKS AND RECREATION DEPT. PHOTO/IMAGE/SOUND RELEASE:

I hereby grant permission, without reservation, to the Fort Mill Parks and Recreation Department, the unqualified right and permission to take and to use photographs and/or sound/image/recordings of me or that of a child of whom I am the legal guardian, and to describe same for the promotion of announcing, advertising, and marketing the activities of the Fort Mill Parks and Recreation Department. I fully understand that no monetary payment will be made to me for such uses as described above.

Signature of Adult/Parent/Guardian Date

I would like to volunteer as a (circle): Coach Assistant Coach If Coaching, shirt size: _____

Please list any special considerations, allergies/medications for participant or coaching/team requests: _____

**** WE DO NO GUARANTEE TO HONOR THESE REQUESTS, BUT WILL DO OUR BEST****

For Office Use Only:

Date Paid: _____ Amount Paid: _____ Payment Type (circle): CASH CHECK CARD Staff: _____