



Programs Registration

Office Use Only

Activity: _____ Fee Paid \$ _____ Date: _____

Proof of Residency: _____ Staff Initials: _____

[] Activity/Class _____

NAME _____
FIRST MIDDLE LAST

ADDRESS _____

CITY _____ ZIP _____

DATE OF BIRTH _____ AGE _____ SEX ___ MALE ___ FEMALE

EMAIL _____

HOME PHONE _____ /RELATIONSHIP _____

CELL PHONE _____ /CARRIER _____ /RELATIONSHIP _____

CELL PHONE _____ /CARRIER _____ /RELATIONSHIP _____

T-SHIRT SIZE

YOUTH: ___ X-SMALL (2-4) ___ SMALL (6-8) ___ MEDIUM (10-12) ___ LARGE (14-16)

ADULT: ___ SMALL (34-36) ___ MEDIUM (38-40) ___ LARGE (42-44) ___ X-LARGE (46-48)
___ 2X-LARGE (50-52) ___ 3X-LARGE (54-56)

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 Moncks Corner Recreation Department or its representatives, successors, agents, sponsors, supervisors, coaches, and instructors for any all injuries suffered by myself and my child at any 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. I do hereby grant permission to Town of Moncks Corner, and its partners, the use of any multimedia, including photos and video, of my child in advertisements, publications, social media and or any other collateral materials.

MY/PARENT/LEAGAL GUARDIAN SIGNATURE _____ /RELATIONSHIP _____

PRINT NAME _____ DATE OF BIRTH _____

ANY MEDICAL NOTES: _____

