YOUTH RECREATION REGISTRATION FORM

Calhoun County Recreation Department

Please check the recreation program that your child(ren) is interested in participating. Cost is $10 per participant, except for golf sessions which is $25 per participant.

_____ Fall Soccer (3-11) _____ Fall Golf Session (7-17) _____ Winter Basketball (5-11)
_____ Spring Golf Session (7-17) _____ Spring Soccer (3-11) _____ Summer Basketball (6-17)
_____ Sandy Run Tennis Camp (6-11) _____ Cameron Tennis Camp _____ St. Matthews Tennis Camp

Please type or print legibly. This form will give important information about participants and will be used to help determine placement.

Parent/Guardian Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone No: _____ Cell Phone: _____

E-Mail Address: _____

If you would like to receive email promotions from the Recreation Department, please check here ☐

Participant Name	Birth Date	Age	Gender	Type of Recreation Program	Fee
IMPORTANT: Application will not be processed without requested copy of birth certificate and parent/guardian signature(s)				**Total Fees**	

UNIFORM SIZE: Shirt/Jerseys: Youth sizes: S, M, L Adult sizes: S, M, L, XL
Pants/Shorts: Youth sizes: XS, S, M, L Adult sizes: S, M, L, XL

PARENT VOLUNTEERS:

Would you be interested in being a ___ Head Coach ___ Asst. Coach ___Team Parent ___ Referee? If yes, what age group? _____ Shirt Size: Adult: S, M, L, XL, XXL, XXXL

Waiver/Release of All Claims: The Calhoun County Recreation Department requires a signed release covering child(ren) 17 and under in facilities and/or programs. Acceptance of the child(ren) is without assumption or responsibility of any kind by the Calhoun County Recreation Department, its sectional associates, committee or the management of any site in which the child(ren) may be entered or may participate. In consideration of the acceptance of my child(ren), I do hereby for and on behalf of child(ren) and my legal representatives release and forever discharge Calhoun County, its officers, committees, representatives, successors, agents, sponsors, supervisors, coaches, and instructors of and from any and all claims and damages, losses or injuries which may be suffered or sustained by my child(ren) in connection with the child(ren) activities during the period for which such permission is granted from the recreation facilities and/or program described, and all claims are hereby waived and released, and I do covenant not to sue therefore. I understand that my child/ren or I may be photographed or videotaped while participating in a Calhoun County Recreation service. I give permission for photos and video images of my child/ren or me to be used to promote the Calhoun County Recreation Department's recreation services. Such photos and video images remain the property of the Calhoun County Recreation Department.

Parent/Guardian Signature: _____ Date: __/__/___

NOTE: If registration fee is paid with check or money order, please make checks payable to Calhoun County. The payment can be mailed or delivered with application to the Recreation Office at: John Ford Community Center, 304 Agnes St. Rm103, St. Matthews, SC 29135