

**Peninsula District**  
Hampton Park  
30 Mary Murray Drive  
Chas., SC 29403 (843)724-7331

**James Island District**  
JI Recreation Complex  
1088 Quail Drive  
Chas., SC 29412 (843)795-5678

**West Ashley District**  
Mary Utsey Playground  
1350 Orange Grove Rd.  
Chas., SC 29407 (843)769-8245

**Daniel Island District**  
Daniel Island Municipal Center  
235 Seven Farms Drive  
Chas., SC 29492 (843) 216-6366

# Charleston Recreation Department

## Youth Sports Registration Form

FOR OFFICE USE ONLY	
B/C on File:	_____
Amt. Paid for Registration:	_____
Amt. Paid for Insurance:	_____
CK#/CASH:	_____
Date Paid:	_____ Receipt#: _____
Staff:	_____

Sport \_\_\_\_\_ Playground/Area \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Player's Weight (FOOTBALL ONLY) \_\_\_\_\_

Player's Legal Name \_\_\_\_\_  
(As appears on Birth Certificate) FIRST MIDDLE LAST

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Subdivision/APT Complex \_\_\_\_\_

Emergency Name & Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Are you a resident of the City of Charleston? Yes \_\_\_ No \_\_\_ Staff verification of residency \_\_\_\_\_

Team/Coach Last Year \_\_\_\_\_ Age/League \_\_\_\_\_

### INSURANCE INFORMATION

All participants must register and have insurance before practicing and playing games.

\_\_\_\_\_ I want my child insured by the policy offered through the Department of Recreation  
(March 1 through February 28)

\_\_\_\_\_ I have my own accident insurance coverage with \_\_\_\_\_

\_\_\_\_\_ I, the undersigned, do hereby give approval for my child to play in the above sport. I also acknowledge that the City of Charleston Recreation Department will issue no refunds if you choose to not have registrant participate before or during the season for whatever the cause. I also agree to be responsible for any uniform or equipment issued to registrant and will return in a timely manner. I understand failure to do so will result in financial responsibility to replace such items.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT OF RECREATION STAFF

# Release of Liability for Minor Participants

## Read before signing

IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward ("my child"), being allowed to participate in any way in the City of Charleston, Department of Recreation program; tournament travel, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED

## UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X \_\_\_\_\_

# EMERGENCY INFORMATION AND CONSENT

Given to and carried by Coach for emergency situations

Participant's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_

Work Phone \_\_\_\_\_ City \_\_\_\_\_

Allergies (list all) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

I/we hereby grant consent to any and all Health Care Providers designated by City of Charleston, Department of Recreation to provide my child \_\_\_\_\_ Any necessary care as result of any injury/illness. This consent includes First Aid and transportation to/from Health Care Providers by Coach or Emergency Services.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

## IMAGE RELEASE

In consideration of \_\_\_\_\_, my minor child/ward being allowed to participate in any way in the City of Charleston, Department of Recreation Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

***City of Charleston Department of Recreation  
Parent's Code of Ethics***

*I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parent's, Code of Ethics:*

*I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials at every game, practice or other youth sports event.*

*I will place the emotional and physical well being of my child ahead of my personal desire to win.*

*I will insist that my child play in a safe and healthy environment.*

*I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches code of ethics.*

*I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.*

*I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.*

*I will remember that the game is for youth –not adults*

*I will do my very best to make youth sports fun for my child.*

*I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.*

Childs Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Childs Age Group: \_\_\_\_\_ Date: \_\_\_\_\_ Parents Signature: \_\_\_\_\_