

# LIBERTY PARKS & RECREATION

## YOUTH SPORTS REGISTRATION

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ S. C. ZIP \_\_\_\_\_

\*\*IN CITY LIMITS—YES \_\_\_\_\_ NO \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL \_\_\_\_\_ EMERGENCY \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE \_\_\_\_\_

MEDICAL CONDITIONS OR ALLERGIES \_\_\_\_\_

**\*\*BY SIGNING BELOW, I CONFIRM THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. I HEREBY RELEASE THE PARKS & RECREATION DEPT. OF THE CITY OF LIBERTY, THEIR EMPLOYEES, SPONSORS, AND COACHES FROM LIABILITY DUE TO INJURY FROM MY CHILD'S PARTICIPATION IN THE SPORT CHECKED BELOW. I UNDERSTAND THAT I AM RESPONSIBLE FOR MY CHILD TO BE AT PRACTICES WITHIN THE TIME FRAME SET FORTH BY THE COACHING STAFF. I REALIZE THAT FOR A TEAM TO IMPROVE, AND MY CHILD'S SKILLS TO DEVELOP, ATTENDANCE AT PRACTICES IS A MUST. I UNDERSTAND THAT PLAYING TIME WILL BE WITHIN THE RULES SET FORTH BY THE YOUTH ORGANIZATIONS THAT THE LIBERTY RECREATION DEPT. IS AFFILIATED WITH, I.E.—DIXIE YOUTH BASEBALL, S. C. A. P. (SOUTH CAROLINA ATHLETIC PROGRAMS), WHICH CONSIST OF TRI-COUNTY FOOTBALL, BASKETBALL, SOCCER, VOLLEYBALL, ETC.**

### YOUTH SPORTS AGE CUT OFF:

FOOTBALL - NOVEMBER 30  
BASKETBALL - FEBRUARY 28

BASEBALL - MAY 1  
FLAG FOOTBALL - JULY 1

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**\*\*PARTICIPATION INSURANCE\*\*** \$6.00 \_\_\_\_\_ COVERS FOR CALENDAR YEAR. WAIVED IF PAID FOR A SPORT SINCE JAN. 01 OF THE CURRENT CALENDAR YEAR. IF WAIVED, PLEASE LIST SPORT PREVIOUSLY PAID FOR \_\_\_\_\_

**\*\*OUT OF CITY LIMITS FEE\*\*** \$5.00 \_\_\_\_\_

COMPETITION CHEER \$40.00 \_\_\_\_\_  
CHEERLEADING \$40.00 \_\_\_\_\_  
VOLLEYBALL \$40.00 \_\_\_\_\_  
BASKETBALL \$55.00 \_\_\_\_\_  
TEE-BALL \$55.00 \_\_\_\_\_  
BASEBALL \$55.00 \_\_\_\_\_  
GIRLS SOFTBALL \$55.00 \_\_\_\_\_

SOCCER \$55.00 \_\_\_\_\_  
FALL BASEBALL \$55.00 \_\_\_\_\_  
FLAG FOOTBALL \$55.00 \_\_\_\_\_  
FOOTBALL \$60.00 \_\_\_\_\_

\*\*\*\*\*  
REGISTRATION FEES \_\_\_\_\_  
INSURANCE \_\_\_\_\_  
OUT OF CITY LIMIT FEE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_  
CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

PAYMENT RECEIVED BY \_\_\_\_\_