

City of Goose Creek Recreation
Post Office Drawer 1768, Goose Creek, South Carolina 29445
Community Center, 519-A N. Goose Creek Blvd., Phone (843) 569-4242 Fax (843) 569-4241
Casey Center, 101 Old Moncks Corner Rd., Phone (843) 572-1321 Fax (843) 572-1242

PLEASE PRINT

Name of Participant: _____

Address: _____ Gender M / F Email: _____

City: _____ State: _____ Zip: _____ Subdivision: _____

Date of Birth: _____ SS# _____ Medical Ins. Co. Name: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Do you want to purchase playground Insurance: Yes: _____ No: _____

Do you live in the GCRC boundaries? _____ Any special needs to be aware of? Yes _____ No _____

If yes, please describe: _____

Waiver for Participation: I understand that there are always risks involved in participation in recreational activities. I acknowledge these risks and declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize the City of Goose Creek Recreation or its representatives to obtain emergency medical treatment for my child (if parent is not available). In consideration of your accepting this registration, I hereby for myself, my child, my heirs, my executors and administrator, waive and release any and all rights and claims for damages I may have against the City of Goose Creek Recreation or its groups. I likewise release from responsibility, any person transporting myself or my child to and from these activities. I further grant the City of Goose Creek Recreation the unencumbered right to make promotional use of any pictures and/or video tapes taken of the registrant while participating in this program. Disclosure of your social security number is voluntary. These numbers are only used for medical information in the event of an emergency or for debt collection.

Signature: _____ Name (Print): _____

(Parent/Legal Guardian if Participant is under 18)

Refunds must be requested prior to the second class meeting unless specified differently in the specific program policies.

There is a \$5 handling fee on all refunds. Approval Initial _____

STAFF USE ONLY: Program: _____ Date: _____

Residency Verified: _____ Staff Initial: _____