

City of Fountain Inn Recreation Department Registration Form

LEAGUE USE ONLY			
League Age: _____			
Division: _____			
Baseball	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>
Softball	<input type="checkbox"/>	Football	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>

Player Information

Gender: Male Female

Last Name:	First Name:	Middle Name:	Name Called By:
Date of Birth: _____ / _____ / _____		Age:	T-Shirt Size: (Please Circle One) YS YM YL AS AM AL AXL AXXL
Street Address:		City:	Zip Code:
* Resident of Fountain Inn City Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>		E-mail Address:	

Parent/Guardian 1

Last Name:	First Name:	Home Phone:	Mobile Phone:
E-mail Address:			

Parent/Guardian 2

Last Name:	First Name:	Home Phone:	Mobile Phone:
E-mail Address:			

Release of All Liability

I agree and consent to my child's (children's) participation in the athletic programs of the City of Fountain Inn Recreation Department. I understand that there is the possibility that my child (children) could be injured as a result of participation in these programs. Nevertheless, I agree that I, my child (children), my assignees, heirs, spouses, guardians and legal representatives will not make a claim against, sue, or attach the property of the City of Fountain Inn ("the "City"), the Fountain Inn Recreation Department, the City Council, it's employees, agents, and any other persons, agencies, firms or corporations affiliated with the City or the City of Fountain Inn Recreation Department. I do hereby fully and completely release the City and the City of Fountain Inn Recreation Department from any and all actions, claims or demands that I, my child (children), assignees, heirs, spouses, guardians, and legal representatives now have or may hereafter have from any liability, whether currently known or unknown, including, but not limited to loss of life, personal injury and/or damage to property, resulting from, arising out of, or in any way connected with my child's (children's) participation. This release of liability and assumption of risk, in addition to covering any past occurrences, is intended to release and discharge in advance the City and the City of Fountain Inn Recreation Department, their respective successors and assigns from and against any and all liability arising out of or connected in any way with my child's (children's) participation in said programs even though that liability may arise out of negligence or carelessness on the part of the City or the City of Fountain Inn Recreation Department.

I hereby certify that I have read and understand this Release of All Liability.

Name of Child: _____ Parent/Guardian Signature: _____ Date: _____ / _____ / _____

