

# MOORE COUNTY PARKS AND RECREATION YOUTH ACTIVITY REGISTRATION FORM:

Mailing Address: PO 905 Carthage, NC 28327

**ACTIVITY FEES: Soccer- \$30 / Baseball/Softball- \$30 / T-ball/Coach Pitch-\$25 / Flag Football-\$30 / Basketball-\$25  
LATE FEE: \$10 AFTER REGISTRATION DEADLINE IF SPACE IS AVAILABLE!**

**\*\*Proof of age must be presented to the Parks and Rec. Dept to be eligible to participate \*\***

**PRIMARY PARENT INFORMATION:**

**SECONDARY CONTACT INFORMATION:**

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Street Address                      Mailing Address

\_\_\_\_\_  
City                                      State      Zip Code

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Street Address                      Mailing Address

\_\_\_\_\_  
City                                      State      Zip Code

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_

To Receive Text Messages for Game Cancellations and Registrations:

**CHECK HERE**

**REQUIRED:** Email: \_\_\_\_\_

To Receive Text Messages for Game Cancellations and Registrations:

**CHECK HERE**

**REQUIRED:** Email: \_\_\_\_\_

**PERMISSION, RELEASE, AND ASSUMPTION OF RISK:** I, the undersigned Parent/Guardian, permit my child to participate in activities or programs offered by the Moore County Department of Parks and Recreation. I give permission for my child to participate in out-of-town activities or programs and to be provided with transportation to and from those activities or programs. I understand that my child shall abide by all rules of the Moore County Department of Parks and Recreation or risk expulsion from the activities or programs. I understand that my child may suffer accident or injury, including death, as a direct or indirect result of participation in the activities or programs and I agree to assume any and all risk involved with my child's participation. In the event my child is injured, I will not hold the County of Moore or its agents, volunteers, or employees responsible or liable. If I cannot be contacted, I give permission to the Department of Parks and Recreation to give medical attention to my child as deemed necessary. I release to the Department of Parks and Recreation any video or images of my child taken during the activities or programs, which may be used for promotional purposes. Further, I understand the terms of this Permission, Release, and Assumption of Risk and agree that it is binding upon me and my child, family, estate, heirs, and assigns.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Players Name/Date as appears on Birth Certificate:**

**First:**                      **Middle:**                      **Last:**                      **Birth Date:**

**Age:**                      **Sex:**                      **Activity:**                      **Shirt Size:**                      **School Attending:**

**Registration Information: Payment is due at the time of Registration: CASH** \_\_\_\_\_ **CHECK#** \_\_\_\_\_ **CREDIT CARD (in office)** \_\_\_\_\_

CHECK IF INTERESTED: COACH  ASSISTANT COACH  SPONSOR  PERSON INTERESTED: \_\_\_\_\_

|             |
|-------------|
| <b>FEE:</b> |
|-------------|