MOORE COUNTY PARKS AND RECREATION YOUTH ACTIVITY REGISTRATION FORM:

Mailing Address: PO 905 Carthage, NC 28327 910 947-2504 Office 302 Monroe Street Carthage, NC 28327

**** Effective July 1, 2018 there is an automatic $5.00 processing fee on all athletic registration refunds.**

ACTIVITY FEES: Soccer- $30 / Baseball/Softball- $35 / T-ball/Coach Pitch-$25 / Flag Football-$30 / Basketball-$30
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:

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: _____

SECONDARY CONTACT INFORMATION:

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: _____

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: _____

FEE: