



TOWN OF PEMBROKE / RECREATION DEPARTMENT

MAIL REGISTRATION FORM TO:
TOWN OF PEMBROKE
PO BOX 866
PEMBROKE, NC 28372

910-521-7182 (RECREATION DEPT.)

SPRING 2023 REGISTRATION FORM

BASEBALL / T-BALL \$25 (Ages 3-12) _____ (Deadline 2/28) SOFTBALL \$25 (Ages 7-15) _____ (Deadline 2/28)

SOCCER \$25 (Ages 3-14) _____ (Deadline 2/28)

YOUTH TENNIS \$25 (Ages 5-17) _____ (Deadline 3/15) ADULT TENNIS \$25 (Ages 18-up) _____ (Deadline 3/15)

Anything after deadline for all sports, \$10 late fee will apply, if openings are still available.

SOFTBALL AGE AS OF 5/1/23 – BASEBALL AGE AS OF 5/1/23 – SOCCER AGE AS OF 8/1/23

PARTICIPANT NAME _____
ADDRESS HOME _____
PHONE _____

BIRTHDATE _____ GENDER _____ AGE _____
SHIRT SIZE YS(6-8)___ YM(10-12)___ YL(14-16)___ (ADULT) AS___ AM___ AL___

PARENT #1-NAME _____ PHONE _____
E-MAIL _____ OCCUPATION _____

COMMENTS _____

Head Coach? YES___ NO___ IF YES CHECKED FILL OUT "VOLUNTEER APPLICATION"
Registration fee is waived for the Head Coach of 1 child per division.

MEDICAL INFORMATION

EMERGENCY CONTACT _____ RELATIONSHIP _____
PHONE NUMBER _____
INSURANCE CARRIER _____

WAIVER BELOW MUST BE SIGNED

YOUR SIGNATURE BELOW INDICATES THAT TO YOUR KNOWLEDGE THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND THAT YOU HAVE READ AND AGREE WITH THE FOLLOWING WAIVER: IN CONSIDERATION FOR MY CHILD LISTED ABOVE BEING ALLOWED TO PARTICIPATE IN THE LEAGUES CHECKED ABOVE, I HEREBY WAIVE ALL CLAIMS FOR INJURY OR ACCIDENT OR LIABILITY OF ANY KIND AND DO HEREBY RELEASE THE TOWN OF PEMBROKE AND ITS PARKS & RECREATION DEPT. AND THEIR EMPLOYEES, ALL MANAGERS, CHAPERONES, SPONSORS, DIRECTORS, OFFICIALS OR OWNERS OF THE PROPERTY ON WHICH THE FACILITY IS LOCATED, FROM ANY CLAIMS, NOW OR IN THE FUTURE, FOR SUCH INJURY OR ACCIDENT. I LIKewise RELEASE FROM RESPONSIBILITY ANY PERSON TRANSPORTING MY CHILD TO OR FROM LEAGUE ACTIVITIES. ALSO, I WILL FURNISH, IF REQUESTED, A COPY OF THE BIRTH CERTIFICATE OF MY CHILD.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

LEAGUE USE ONLY BIRTH CERTIFICATE: YES___ NO___ MEDICAL RELEASE FORM: YES___ NO___
PROOF OF RESIDENCY: YES___ NO___ COVID WAIVER NEEDED: YES___

OFFICIAL USE ONLY:

PAID \$ _____ DATE: _____
CASH _____/CHECK _____/CK# _____