



TOWN OF PEMBROKE / RECREATION DEPARTMENT

MAIL REGISTRATION FORM TO:

TOWN OF PEMBROKE

PO BOX 866

PEMBROKE, NC 28372

910-521-7182 (RECREATION DEPT.)

Fall 2022 REGISTRATION FORM

FLAG FOOTBALL \$25 (1st-4th grade) _____ (Deadline 9/16) CHEER \$25 (1st-4th grade) _____ (Deadline 9/16)

SOCCER \$25 (Ages 9-12) _____ (Deadline 9/16) 72 and Over Basketball (waist + age must be 72+) _____ (Deadline 9/30)
(Lumberton League) (ID Required)

INDOOR SOCCER \$25 (Ages 3-8) _____ (deadline 9/16) YOUTH TENNIS \$25 (Ages 6-18) _____ (Deadline 9/16)

FALL BASEBALL (Ages 7-12) _____ (deadline 9/16)

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

SOCCER AGE AS OF 8/31/22

PARTICIPANT NAME _____

PHYSICAL ADDRESS _____

PHONE _____

BIRTHDATE _____ GENDER _____ AGE _____

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

School you attend _____ Grade _____

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___ WAIVER NEEDED: YES___ NO___

LEVEL ASSIGNED: _____ TEAM NAME: _____

OFFICIAL USE ONLY:

PAID \$ _____ DATE: _____

CASH _____/CHECK _____/CK# _____