



**TOWN OF PEMBROKE / RECREATION DEPARTMENT**

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

910-521-7182 (RECREATION DEPT.)

**SPRING 2022 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 8/31/22 – BASEBALL AGE AS OF 5/1/22 – SOCCER AGE AS OF 8/1/22\**

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: \_\_\_\_\_

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**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# \_\_\_\_\_