



TOWN OF PEMBROKE / RECREATION DEPARTMENT

TOWN OF PEMBROKE
PO BOX 866
PEMBROKE, NC 28372
910-521-7182 (RECREATION DEPT.)

Fall 2023 REGISTRATION FORM

FLAG FOOTBALL \$25 (1st-4th grade) _____ (Deadline 9/16) CHEER \$25 (1st-6th grade) _____ (Deadline 9/16)

SOCCER \$25 (Ages 7-12) _____ (Deadline 9/16) Men's 72 and Over Basketball (waist + age must be 72+) _____ (Deadline 9/30)
(Lumberton League) (ID Required)

YOUTH TENNIS \$25 (Ages 6-adult) _____ (Deadline 9/16) T-Ball (not offered in the spring) (Ages 3-6)
_____ (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# _____