

Player Name: _____ Parent Name(s): _____
Address: _____ City: _____ St: _____ Zip: _____
Phone (H) _____ (W) _____ (C) _____
Does your cell phone receive/send texts: [] yes [] no
Parent1 _____ Parent2 _____
Email _____
Guardian: _____ Emergency Contact: _____

School Attending/Grade: _____ Physical Limitations: _____

Player's Age (& Division) As Of Dec 31st (check one): 4-6 [] 7-8 [] 9-10 [] 11-12 [] 13-14 []

UNIFORM SIZE: Adult or Youth, (Circle one) S M L XL XXL T-SHIRT SIZE: Adult or Youth, (Circle one) S M L XL XXL

THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR CHILD'S REGISTRATION FORM:

Registration Fees, Copy of Birth Certificate, Waiver and Release of Clams Signed and a complete an on-line registration profile created at www.teamcharlottesports.org.

PARTICIPATION FEE: Eatly Registration: \$125 – ends November 1 afterwards \$175.00 (Non Refundable)

Date \$ 80 Deposit Paid _____ Date Balance Paid in Full: _____ Receipt# _____

WAIVER and RELEASE CLAIMS:

Please read this form carefully and be aware that registration in the above program, you will be waiving and releasing all claims for injuries the participant might sustain.

- I recognize and acknowledge that when participating in events and activities that there are certain risks of physical injury to participants.
- I assume full responsibility of the injuries and/or loss regardless of its severity while participating in these activities or being transported to and from such events.
- I hereby give permission for my child's image to be used in printed publications, web pages and video recordings, for the **Team Charlotte Elite**.
- I waive and relinquish all claims that my insurer or I may have against the **Team Charlotte Elite**, its officers, affiliates, coaches, sponsors and volunteers from any and all claims from injuries, damages or loss, or liability of any kind.
- I hereby give my full permission, **BY MY SIGNATURE BELOW**, for my child to engage in **Team Charlotte Elite** activities.

Parent/Guardian(s) Signature: _____ Date: _____

I understand that I must turn in a copy of my child's **BIRTH CERTIFICATE** along with the other forms before Registration is considered complete and that my child will not be assigned to a team until all forms are on file.
[] I will email them to tceqcbasketball@gmail.com [] I will drop them off at Evaluations/Skills Testing Nights



Community & Recreation Center Services Division
Sports and Fitness Section – Youth
Youth Sports Registration Form

Recreation Center: _____ Program Name: _____

Participant's Information: (please print neatly)

Full Name: _____ Date of Birth: _____ Age: _____

Address: _____

City, State, Zip: _____

Parent/Legal Guardian Name: (please print) _____

Email Address: _____

(H) Phone: _____ (W) Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Allergies/Medications/Other Medical Info: _____

Please Check One: Male Female

Does the participant/Do you need a modification to safely participate in this program? (circle one) Yes No

Uniform/T-Shirt Sizes: (Please circle one of each if applicable for program)

Jersey/T-Shirt: Youth Sizes: Small (6-8) Medium (10-12) Large (14-16) Adult Sizes: S – M – L – XL – XXL

Shorts/Pants: Youth Sizes: Small (6-8) Medium (10-12) Large (14-16) Adult Sizes: S – M – L – XL – XXL

Consent and Release: This section must be completed for you/your child to participate in this program/event.

I _____, the legal parent, guardian, custodian, or caretaker of _____ in consideration of my (and/or my child's) participation in this activity, I hereby release and discharge Mecklenburg County, and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and/or illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by Mecklenburg County and above named parties. The parent, guardian, custodian or caretaker must sign for anyone under the age of 18. I do hereby grant and give the County the right to use my or my child(s) photograph or image with or without my or my child's name either separately or in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

Signature of Parent/Guardian: _____ Date: _____

Birth Certificate: *Copy of birth certificate must be presented for verification in order for participant to take part in youth sports. If not provided participant will be unable to take part and parent/guardian will be issued refund minus 10% administrative fee.*

BIRTH CERTIFICATE VERIFIED ON: _____ / _____ / _____ **STAFF INITIALS:** _____

Method of Payment: (Make check/money order payable to: MCPRD (Mecklenburg County Park and Recreation Department))

- Fee per Participant: \$ _____
- Cash \$ _____
- Certified Check \$ _____
- Check \$ _____
- Money Order \$ _____
- Visa / Master Card \$ _____

Explanation: _____
Check #: _____
Check #: _____ NCDL#: _____
M/O #: _____

Staff / Form Processor:	For Office Use Only	Date: _____ / _____ / _____
(Print) _____	Activity Number: _____	
(Sign) _____		