



CENTRAL-CLEMSON RECREATION CENTER

Start Smart Athletics

Registration Form

Circle One: **Baseball** **Football** **Soccer** **Basketball**

Parent's Name: _____

Participant: _____ male/female

Shirt Size: _____ YS _____ YM

Date of Birth: _____ Age: _____

Home Phone: _____ Work Phone: _____

Street Address: _____

Mailing Address (if different): _____

EMAIL ADDRESS: _____

Medical Conditions: _____

Fee:

\$45.00 – Members/Residents

\$75.00 – Non-Members/Non-Residents

Late Registration Fee:

\$20.00

Site of Activity: **Nettles Parks** **CCRC** **Bolick Field** **Community Park**

Release of Liability & Photo Release

In the event an accident occurs, I am aware that the CCRC does not provide accidental insurance, and I will not hold the CCRC responsible for an injury. The CCRC has my permission to take photographs of the above named student and use them in promotional materials (brochures, member newsletters, etc.)

(Signature of participant; Parent or Guardian if participant is minor)