



**TOWN OF PEMBROKE / RECREATION DEPARTMENT**

**2021 REGISTRATION FORM**

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

**WINTER SPORTS (Sign Up Starts 11/1/21)**

YOUTH BASKETBALL \$25 \_\_\_\_\_ (Deadline 11/30)  
FUTURE ATHLETES BASKETBALL \$25 (ages 3&4) \_\_\_\_\_ (Deadline 11/30)  
YOUTH CHEER \$25 \_\_\_\_\_ (Deadline 11/30)

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

PARTICIPANT NAME \_\_\_\_\_  
ADDRESS HOME \_\_\_\_\_  
PHONE CELL \_\_\_\_\_ HOME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_  
SHIRT SIZE YS(6-8)\_\_\_ YM(10-12)\_\_\_ YL(14-16)\_\_\_ (ADULT) AS\_\_\_ AM\_\_\_ AL\_\_\_  
PREVIOUS YEAR TEAM NAME \_\_\_\_\_

PARENT #1-NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ OCCUPATION \_\_\_\_\_

COMMENTS \_\_\_\_\_

**HEAD COACH** YES\_\_\_ NO\_\_\_ IF YES CHECKED FILL OUT "VOLUNTEER APPLICATION"  
**(1<sup>ST</sup> Child Registration Waived)**

**MEDICAL INFORMATION**

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE NUMBER CELL \_\_\_\_\_ HOME \_\_\_\_\_  
INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

**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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**OFFICIAL USE ONLY:**

PAID \$ \_\_\_\_\_ DATE: \_\_\_\_\_

CASH \_\_\_\_\_/CHECK \_\_\_\_\_/CK# \_\_\_\_\_