

City of Dillon Parks & Recreation



PO Drawer 431, Dillon, SC 29536

843 774-5115, Ext. 3

www.cityofdillonsc.us

REGISTRATION & RELEASE FORM

PLEASE PRINT CLEARLY

Participants Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Alternate Number: _____

Parent's Name: _____

Parent's Email Address: _____

Participants Date of Birth: _____ Age: _____

Program: _____

Shirt Size (Circle one): YM YL AS AM AL AXL AXXL

Live in the City Limits (Circle one): Yes No

STATEMENT OF RELEASE:

With full knowledge of the recreational program sponsored by the City of Dillon through it's Recreation Department; we the undersigned by this agreement, release the City from any and all claims for any injuries received while the above named applicant is engaged in the participation of the above named activity.

We do fully release the City and its Recreation Department, employees and the coaches from all claims arising while in the participation of these activities (including transportation to and from these activities)

PARENT/GUARDIAN

Signature _____ Date _____