



Mt. Pleasant Recreation Department

Program Registration

Return this form along with your registration fee to:
Mt. Pleasant Recreation Department- 391 Egypt Road, Mt. Pleasant, SC 29464

NOTE

Parent/Guardian - Please Complete ENTIRE Form

Activity 1: _____ Activity# _____ Level/Age Group: _____

Class: Day/Dates: _____ Time(s): _____ Fee Paid: _____

Activity 2: _____ Activity# _____ Level/Age Group: _____

Class: Day/Dates: _____ Time(s): _____ Fee Paid: _____

Activity 3: _____ Activity# _____ Level/Age Group: _____

Class: Day/Dates: _____ Time(s): _____ Fee Paid: _____

Non-residents Fee (\$7 for \$49 & under / \$14 for \$50+): \$ _____

Total Fee Enclosed \$ _____

- **Refund:** \$10 processing fee for each request. See Policy in Brochure.
- **Transfer:** \$10 processing fee for each transfer. See Policy in Brochure.
- **Camp Deposit:** \$50 Non-Refundable deposit to reserve a space in camp.

Participant Name: _____ Sex: M F

DOB _____ Age _____ School _____ Grade _____

Address: _____ Subdivision: _____

Street Apt. # City State Zip Phone: _____

Parent(s) Name(s) _____ Phone: _____ Email: _____

First Name Last Name Home Work

First Name Last Name Home Work Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

First Name Last Name Home Work

Special Needs Y N Comments: _____

Please list any relevant medical information (allergies, medications, special needs) (use reverse side if necessary): _____

Please list anyone NOT authorized to pick up your child under any circumstances:
Name(s): _____ Relationship: _____

Permission to be transported by Rec. Dept. Y N Permission to Swim Y N

Please indicate if your child is able to Swim (circle one) With Assistance or Without Assistance

WAIVER: In consideration of your accepting my entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Mt. Pleasant Recreation Dept. and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for my child during the duration of his/her participation and specified activities with this Department. I do hereby certify all the above information to be correct and true.

Signature: _____ Date: _____
(Parent/Legal Guardian/Applicant - over 18 years of age)
Please See Refund/Transfer Policies

For Office Use Only:		Activity No. _____ Sec _____
Paid: Amount-Cash\$ _____	Check\$ _____	Date: _____ Receipt# _____ Received By: _____