



## 2017 Youth Sports Registration

North Myrtle Beach Parks and Recreation

Office: (843) 281-3800

<http://nmbpark.com> Register online at <http://parks.nmb.us>

**Participant Information:** Please provide most current information

**Participant** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Parent(s)/Guardian Name: \_\_\_\_\_ \*Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ \*Home Phone: \_\_\_\_\_ \*Cell: \_\_\_\_\_

**Volunteers are Needed!**

<b>Position of interest</b>	<input type="checkbox"/> <b>Head Coach</b> (in charge of practices and games)	Name: _____
	<input type="checkbox"/> <b>Assistant Coach</b> (assist head coach with practices and/or games)	Cell: _____

*Please check the league/division you are registering for*

**Indoor Soccer**

*Age on September 1, 2017*

- 7-9 Pee Wee Soccer
- 10-12 Mite Soccer



**Fees**

- \$25: NMB Residents (w/ valid ID)
- \$35: Non-City Residents
- \*\$5 Late fee after **5/19/17**

**BY AFFIXING MY SIGNATURE BELOW, I HEREBY STATE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:**

In consideration of the North Myrtle Beach Parks & Recreation Department (NMBPRD) accepting me for entry into its facilities and/or programs, I hereby for myself, my child, my heirs, executors, administrators and assigns, waive, release and discharge the NMBPRD and the City of North Myrtle Beach, its employees, elected officials, agents and assigns from any and all claims, losses, causes of action, including but not limited to, death, personal injury and/or property damage, whether or not caused by the negligence of the releases, arising out of my participation in any program or use of the facilities or equipment of the NMBPRD and the City of North Myrtle Beach.

I am fully aware that there are risks associated with participation in programs and/or with the use of the facilities and equipment and **I ASSUME ALL RISKS** for any injury, including death, or property damage, including those injuries arising from the negligence of the releases, while on the premises, using equipment and/or participating in any program of the NMBPRD.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff only**

Date Received: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ CC: \_\_\_\_\_ Received by: \_\_\_\_\_ Trans: \_\_\_\_\_