



Town of Latta
Parks and Recreation



Application to Participate

Name of child _____ Current grade _____
Birthdate _____ Age _____ Does child have recreation experience Yes / No
Address _____
City _____ State _____ Zip _____
Parent/Guardian _____ Phone # _____

Sport (please circle one):

Baseball Softball Boys Basketball Girls Basketball Football Cheerleading

Shirt Size for child (please circle one):

Youth Small (4-6) Youth Medium (8-10) Youth Large (12-14) Adult Small
Adult Large Adult XL Adult XXL Other _____

Coaches:

Our kids could not learn the values of teamwork, responsibility, and how to follow rules without great volunteer coaches. Our coaches are role models to the kids. Although this is a volunteer position, we have to be very careful in the selection process to pair the right role model with the kids.

I would be interested in coaching a team. Name: _____
Phone: _____

Player/Parent/Guardian/Coach Agreement:

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Latta Parks & Recreation Department, the Town of Latta, or any organization in whose buildings or grounds this activity is being held and instructors or persons of these departments for injuries received in participating in any activity sponsored by the Latta Parks & Recreation in connection with this activity. If the above named is selected for an All-Star team and the position is accepted by child and parent, the Town of Latta is not responsible for any fees required for participation (i.e. hotel expenses, food, travel). These funds will be paid by fundraisers and parents.

Registration Fee: \$35.00 (THERE ARE NO REFUNDS EXCEPT THOSE DUE TO MEDICAL ISSUES)

Please make checks payable to: Latta Recreation Department, 107 N.W. Railroad Avenue, Latta, SC 29565

____ I have included a check or cash for \$ _____ along with this form.
____ This child has a sibling that needs to be on the same team. Name of sibling _____.

Parent/Guardian (Print) _____

Parent/Guardian (Signature) _____ Date _____

Do Not Write Below This Line

For Office Use Only:

Payment Type _____ Amount \$ _____ Check # _____ Accepted by _____