



# LANCASTER COUNTY RECREATION COMMISSION PROGRAM REGISTRATION FORM



P. O. Box 243 - Lancaster, SC 29721 - (803) 285-5545

(Please Print)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ city \_\_\_\_\_ Zip \_\_\_\_\_  
 Program: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ Community / Area: \_\_\_\_\_  
 Parent or Guardian's Name: \_\_\_\_\_  
 Would you be willing to Coach or Assist or be a Team Parent? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Information: \_\_\_\_\_

Medical Information / Allergies, Etc. \_\_\_\_\_

Insurance Fee: \_\_\_\_\_ Total Paid Ck #: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Total Paid Cash: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

\_\_\_\_\_ Candy Received by

**(\*\*Please retain your copy as your receipt\*\*)**

## CIRCLE PROGRAM

Program: \_\_\_\_\_  
 Have you participated before? \_\_\_\_\_  
 If yes, name of team: \_\_\_\_\_

- |              |              |
|--------------|--------------|
| Football     | Wrestling    |
| Cheerleading | Volleyball   |
| Soccer       | Baseball     |
| Basketball   | Softball     |
| T-Ball       | Dixie League |

Shirt Size \_\_\_\_\_ (Youth Size)      Pant Size \_\_\_\_\_ (Youth Size)  
 \_\_\_\_\_ (Adult Size)                      \_\_\_\_\_ (Adult Size)  
 Weight: \_\_\_\_\_ lbs.

### **AEROBICS / GYMNASTICS / KARATE / DANCE CLASSES**

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced- \_\_\_\_\_

Class Time: \_\_\_\_\_ Instructor: \_\_\_\_\_

### **OTHER PROGRAMS: ( Wrestling Camp, Gymnastics Camp, Other)**

Activity: \_\_\_\_\_  
 Have you participated before? - \_\_\_\_\_  
 If yes, name of team: \_\_\_\_\_  
 Shirt Size \_\_\_\_\_ (Youth Size)  
 \_\_\_\_\_ (Adult Size)  
 Weight: \_\_\_\_\_ lbs.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

Distribution:                      White Copy (Office)      Yellow Copy (Coach)      Pink Copy (Coordinator)      Gold Copy (Participant)