



Make checks payable to RCRC and mail to: **Youth Track Program** • 6429 Bishop Avenue • Columbia, SC 29203
Phone: 803-754-6720 ext. 221 • **Fax:** 803-754-5445 **Email:** bj@rcrc.state.sc.us

CO-ED AGES 7-14 • EARLY REGISTRATION DEADLINE: DECEMBER 1-FEBRUARY 29 • LATE REGISTRATION DEADLINE: MARCH 1-JUNE 30

Registration Fee: \$50/person for early bird by **February 29**. This includes T-shirt, insurance, trophy, RCRC event with prizes & pizza party.

\$5 discount per additional child from same household. Birth certificates are required with all registration forms. Clubs run from March 3 through the end of May.

Two practices per week starting around 6:00 pm (coaches determine) with Saturday track meets. There may also be 1-2 optional out-of-town meets on Saturday.

ONCE A PROGRAM HAS STARTED, NO REFUNDS WILL BE ISSUED WITHOUT A WRITTEN REQUEST ACCOMPANIED BY A VALID (PHYSICIAN ORDER) MEDICAL EXCUSE.

Please select a club site preference area:

- Columbia High School
- Eastover Park
- Friarsgate/Irmo
- Hopkins/Lower Richland
- North Springs/Ridgeview
- Polo/Spring Valley
- Richland Northeast
- Blythewood Park

Select Shirt Size (check one):*

- Youth Small
- Youth Medium
- Youth Large
- Adult X-Large
- Adult Small
- Adult Medium
- Adult Large

**Each child signed up will receive a RCRC Youth Track Club T-Shirt.*

Name: Age (12/31/11): Birth Date:

School: Grade in School: Gender: M F

Email: Parent/Guardian:

Home Phone: Work Phone: Cell Phone:

Address: City: Zip:

Emergency contact: Relationship:

Home Phone: Work Phone: Cell Phone:

Has your child played in youth track before? YES NO If YES, what track program and where? _____

Would you be willing to coach a team? YES NO

How did you hear about this event? Newspaper Flyer Game Plan Website Other _____

VOLUNTEER COACHES NEEDED! Check one: Coach Asst. Coach Other _____

WAIVER AND RELEASE (Please read this form carefully.):

In signing up and participating in Richland County Recreation Commission programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims against the Richland County Recreation Commission, its officials, agents, volunteers, sponsors and employees that I/my child may have as a result of participating in this program.

I understand that photographs of my child's participation in this program may be used by the Recreation Commission to promote its events and facilities. I understand these photos may be taken without my receiving compensation and without my granting additional approval. I also agree to abide by the "Parent's Code of Ethics" listed on the back of this registration form.

PRINT PARTICIPANT'S NAME: _____

PARICIPANT'S SIGNATURE: _____ **DATE:** _____

(Parent or guardian must sign for participants under age 18.)

OFFICE USE ONLY

Date Paid: _____ **Location registered at:** _____ **Time:** _____ **Receipt#:** _____ **Fee Paid:** _____

DLN#: _____ **Exp:** _____ **Cash:** _____ **Check#:** _____ **Credit Card#:** _____ **Exp:** _____