Shirt Size: _____

Short Size: _____

Age: _____  Age Group: _____

**Please Age group:** *Age as of September 1, 2023
*MUST BE 4 BY AUGUST 1, 2023
**CIRCLE AGE GROUP**

| | | | | | |
|---|---|---|---|---|---|
| **\*SOCCER:** | 4-6 | 7-8 | 9-10 | 11-12 | 13-15 |
| **\*FOOTBALL:** | | 7-8 | 9-10 | | 11-12 |
| **\*CHEERLEADING:** | 4-8 | 9-10 | 11-14 | | |
| **\*FALL BALL:** | 7-8 Boys | 9-10 Boys | 9-10 Girls | 11-12 Girls | |
| **\*VOLLEYBALL:** | 7-9 Girls | 10-12 Girls | 13-14 Girls | 15-17 Girls | |

Walhalla Recreation Department
P.O. Box 1099 *Walhalla *SC *29691
Office: 864-638-4346

**Participants *Birth* Name:** _____ **Male or Female:** _____
                    FIRST          MIDDLE          LAST
**Date of Birth:** _____  **Home Phone:** _____  **Work/Cell phone:** _____

**Address:** _____  **City:** _____  **Zip Code:** _____

**Parent/Guardian's Name:** _____  **Email:** _____

**Do you reside Inside the City Limits of Walhalla? (Circle One)     YES - $30.00     NO - $70.00**
**Late fee of $10.00 after June 23, 2023.**

## Parental Authorization

**I, parent or guardian of the above named child, hereby gives approval to his/her participating in any and all league activities sponsored by the Walhalla Recreation Dept.  I assume all risks and hazards incident to such participation, to include, but not limited to transportation to and from the activities, and do hereby waive, release, absolve, and agree to hold harmless and indemnify the City of Walhalla and its Parks & Recreation Dept for any and all claims and demands arising out of injury to the child; and, as to the City of Walhalla the parent or persons transporting the child to and from activities, for any claim arising out of the motor vehicle accident or automobile liability insurance coverage of the Walhalla Recreation Dept.  I also grant permission to managing personnel or other league representatives to authorize and obtain medical clinic or other health care facility should the child become ill or injured while participating in league activities away from home or at anytime when neither parent or guardian is available to grant authorization for emergency treatment.**

**\* If your physical address does not reside inside the recreational boundaries for Walhalla recreation, your child may not be eligible to play All-stars.**

_____          _____
**Signature of Parent or guardian**                                              **Date**

## Insurance

_____ **Yes, I do wish to purchase insurance for an additional six dollars.  Insurance will cover for one year from April – April.**

_____ **No, I choose not to take the insurance at this time.**

**Amount Paid:** _____                    **Receipt Number:** _____