

Please complete the registration form below.
Registration forms must be signed and dated.
Completed forms can be submitted in the following ways:



Email forms to:
Tennis: Will Kramer wkramer@columbiasc.net
Soccer: Scott Riley sariley@columbiasc.net
Basketball: Jennifer Stroman jsstroman@columbiasc.net
Fax: 803-343-8744
In person: City of Columbia Parks & Recreation Administration
Office 1111 Parkside Drive
Columbia, SC 29210

Mayor’s Drills & Skills Clinics

August 7 – 11, 2017

Youth will learn instructional skills

Monday - FRIDAY

6:00 - 8:00 p.m. Ages 6 - 13

PLEASE CHECK ONE

Tennis _____ Soccer _____ Basketball _____

First Name: _____ Last Name: _____

Age (as of June 1st 2017): _____ Male _____ Female _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name(s) _____

Mother ____ Father ____ Guardian ____ Shirt Size: Youth – S M L XL Adult - S M L XL 2X

School: _____ Grade (as of school year 2016-17) _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

RELEASE OF LIABILITY STATEMENT

- In consideration of the events and facilities provided by the City of Columbia, its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child’s participation in activities or travel to and from the park.
- I am fully aware of the risk inherent to this activity and should not allow my child(ren) to participate unless medically able. I assume all risks associated with my child’s (children’s) participation in this activity.
- I agree that photographs, recordings, or any other record may be collected and used for the purpose of administering and promoting programs operated or sponsored by the City of Columbia.
- In case of accident or illness, I authorize a representative of the City of Columbia to obtain immediate care deemed necessary by licensed medical personnel.
- I have read and fully understand these terms are contractual, not a mere recital, and sign it voluntarily.

Signature

Date

Transportation Needed: YES NO

Pick-Up Location: _____

Return Location: King Greenview Hyatt Woodland

Registration Deadline: Wednesday, August 2, 2017

Return registration forms to your nearest park or the Parks & Recreation Administration Office, 1111 Parkside Drive, Columbia, SC 29203. For more information, please call 803-545-3100.

DATE RECEIVED _____ STAFF SIGNATURE _____

ASSIGNED SITE _____ KEYED DATE/INITIAL _____

BUS RIDER _____ CAR RIDER _____ STAFF USE ONLY