Pitt County Community Schools & Recreation
Spring 2023 Youth Registration

One registration form per participant. For more information call (252) 902-1975.

Make checks payable to: PCCSR

Mail to: PCCSR, 4561 County Home Rd, Greenville, NC 27858.

Register Online at: www.Pittcsr.com

☐ Kickball (5 –18) $50	☐ Soccer (Ages 5+) $50	☐ Flag Football $50
Deadline: March 20, 2023	Deadline: March 20, 2023	Deadline: March 20, 2023
Season: April 15—May 27, 2023	Season: April 15—May 27, 2023	Season: April 15—May 27, 2023
Circle Age 5-7 8-11 12-14 15-18	Circle Age 5—6 Co-Ed 7-9 Females 7-9 Males 10-13 Females 10-13 Males	Circle Age 4—6 Co-Ed 7— 9 Co-Ed 10—14 Co-Ed 15-18 Co-Ed

DO NOT MAKE SPECIAL REQUESTS FOR TEAMS OR COACHES

NAME:_____ EMAIL:_____

(program reminders to be sent) ***Please print clearly. Only one email***

ADDRESS:_____ CITY:_____ ZIP:_____

PARENT:_____ PHONE:_____ ALT. PH:_____

CHILD DOB:_____ AGE:_____ SEX: ☐ Male

(mm/dd/yyyy) **As of February 1, 2023** ☐ Female

WE WILL NOT ISSUE REFUNDS FOR ANY OF OUR SPORTS PROGRAMS

Amount Paid $_____

☐Cash/Credit ☐Check#_____

Receipt #:_____

JERSEY SIZE (Check One) (Adult S not available for Flag Football)

Sizes must be accurate; RE-ORDERS due to incorrect size selection will cost extra.

☐ Child S (Size 6-8)	☐ Adult S	☐ Adult XL
☐ Child M (Size 10-12)	☐ Adult M	☐ Adult XXL
☐ Child L (Size 14-16)	☐ Adult L	☐ Adult XXXL

By participating in the PCCSR recreational programs, I agree to follow guidelines set forth by School Board Policy. While I realize that all precautions will be taken to guard my child from injury, I will not hold the Pitt County Board of Education, PCCSR or program staff responsible for accidents that may occur. I recognize and understand that participation in recreation programs may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing medical conditions. I warrant and represent that my child is in good physical health and condition and is able to participate in this program.

Occasionally we may take photographs of the children in our program. We may use these images in printed publications or on our website. We will not release any personal details or names in our publications or website. I hereby

___**Give** ___**DO NOT GIVE** my consent for my child to be photographed for reasons stated above.

___**Yes** ___ **No - Are there any special circumstances we should be aware of while participating in our programs?**

If yes please explain_____

Signature of Parent or Guardian (by signing I am also affirming I have read the registration form and code of conduct) Date

_____ _____

COACHES NEEDED: We rely on volunteers to coach our teams. A required coaches' meeting will be held at Pitt County Community Schools & Recreation, 4561 County Home Road. We will go over general coaching techniques, ideas & strategies for practices, games & other helpful information for new/returning coaches. In order to coach, you must attend the coache's meeting (time & date will be determined)

Name:_____ Phone:_____

Email:_____ T-Shirt Size:_____

Have you coached with us before?: ___Yes ___No How many years?_____ Sport:_____

What age group/gender do you wish to coach?_____