



Mt. Pleasant Recreation Department

R.L. Jones Center - 391 Egypt Road - Mt. Pleasant, SC 29464

Phone:(843)884-2528 / Fax:(843)849-2778 / www.mtpleasantrec.com

2010 Spring Adult Contract

Player's Name _____ D.O.B. _____

Address _____ Home _____

City / State _____ Zip _____ Work _____

I, _____ agree to play the for _____
Printed Name Team Name

I understand that the Mt. Pleasant Recreation Department **does not provide accident insurance and that any injury I may incur is my own responsibility.** I further understand that with the signing of this contract I assume all risks and hazards incidental to playing in this league. I do further hereby release, absolve, indemnify and hold harmless the Mt. Pleasant Recreation Department, the organizers, sponsors, or any of the supervisors or coaches appointed by them. I do hereby certify all of the above information to be correct and true.

I also understand that effective January 1, 2003 in all sports and levels, there will be a **ZERO TOLERANCE POLICY** on the possession and/or consumption of alcoholic beverages/drugs or being under the influence of alcohol/drugs on **MPRD** or **CCSD** property. The police will be called on anyone suspected of violating this policy. What this means is that **the first time someone is caught, the police will be called and the TEAM will be removed from the league with no refund of their fees.** In addition, the sponsor of the team will be notified of this action.

***Anyone using illegal resident address will be barred from MPRD activities permanently.**

_____/_____/_____/_____
Player's Signature Date Manager's Signature Date

NON-RESIDENT PAYMENT RECORD

(For Office Use Only)

_____/_____/_____
Date Paid/Received Amount Receipt #

Non-Resident Fee Waived Yes No Reason _____

Approved/Disapproved _____ Eligible to Play: Yes No
Athletic Division Chief/Designee