

Seventh Recreation Council Softball 2011 Registration Form

This Registration Form shall be completed by the participant, or if the participant is a minor/child, by the legal authorized parent or guardian of such minor/child participant.

Enrollment Information:

Participant's Name: First: _____ Last: _____

Date of Birth: ____/____/____ Male: ____ Female: ____

Street Address: _____ Home Phone: _____

City/State: _____ Zip Code: _____ Parent's E-Mail: _____

Activity Fees: Clinic Softball \$45.00, Softball \$70.00 per child
School Attending _____ Grade _____

CIRCLE ONE: Teams are determined by grades, not age.

Softball: K-1st (Clinic) 1st-2nd 3rd-4th 5th-6th 7th-8th 9th, 10th-11th

Shirt Size: _____ YS, YM, YL, AS, AM, AL

Years of experience playing: _____

Positions Played: _____ (pitcher, catcher, other) For grades 3rd-4th and older only.

Yes, I am interesting in helping. Coach _____ Asst. Coach _____ Concession Stand _____

I would like more information: _____

Make checks payable to Seventh Recreation Council and mail to: Trisha Murphy, 440 Dairy Rd, Parkton, MD, 21120*

* All registrations submitted to "pay by check" will be held until the check is received.

Emergency/Health Issues:

In case of emergency, please notify (if minor/child participant, provide parent's information or Guardian, as appropriate).

Name: _____ Relationship: _____ Home Phone _____

Cell Phone _____

Name: _____ Relationship: _____ Home Phone _____

Cell Phone _____

Physician's Name: _____ Physician's Phone: _____

Name of Medical Provider: _____ Date of last tetanus immunization: _____

Any medical, psychological, or behavioral conditions we should be aware of (bee stings, food allergies, etc.)? _____

1. Are there any medical or health factors or limitations that might affect participant's performance in the activity? Yes ___
No ___

2. Is participant taking any medications or have a condition that may affect participant's safety or performance in the activity? Yes ___ No ___

3. Is participant required any special accommodations (due to disability) to participate in the activity? Yes ___ No ___

If yes, please explain:

In case of injury or emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I" for this registration form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform the Recreation Council, in writing, of any

medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity.

Signature of participant or, if minor, of parent/guardian: _____
Date: _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity.

I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each on "activity representative" and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes through the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my drivers license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the recreation council.

Signature of Participant (if over 18) OR of parent/guardian (if under 18): _____
Date: _____

Print Name of Signatory: _____ Relationship to Participant:
