

WEST CARROLL RECREATION COUNCIL

In cooperation with the CARROLL COUNTY DEPARTMENT OF RECREATION, PARKS & FACILITIES

Mailing address: West Carroll Rec. ~ P.O. Box 571 ~ Union Bridge, MD. 21791

REGISTRATION FORM

SPORT _____

Name _____ Date of Birth _____ Age _____ Sex _____

Full Address _____ Grade _____

Phone _____ E-Mail _____

Parents Name: Mother _____ Phone _____

Father _____ Phone _____

Emergency Contact _____ Phone _____

Shirt Size: S _____ M _____ L _____ XL _____ Youth _____ Adult _____

Pants/Shorts: S _____ M _____ L _____ XL _____ Youth _____ Adult _____

I am interested in helping my child's team by: Coaching _____ Assn't Coaching _____ Team Parent _____

Pictures _____ Fundraising _____ Field Maintenance _____ Concession Stand _____

Are there medical or health factors that might affect your child's performance in this activity? (List) _____

Is your child taking medication that might affect his/her safety or performance in this activity? (List) _____

1. I/We approve of my child's participation in any and all activities of this program.
2. I/We assume all risks and hazards incidental to the conduct of the activities, understanding that all children will be expected to be insured against injury through the school they attend and/or the parent's place of employment and/or the parent individually.
3. I/We waive all claims against the WCRC, Town of Union Bridge, Town of New Windsor, Department of Recreation, Parks & Facilities its organizers, supervisors, managers, coaches or any person affiliated with the program for injuries that may occur while watching, playing or traveling to and from games.
4. I/We agree to return in good condition all uniforms and equipment which belongs to the WCRC at the end of the season or at termination of participation. If uniforms are not returned, you must pay \$25.00 before your children may participate in future programs.
5. I/We acknowledge and understand that my child will be subject to school and/or WCRC rules of conduct.
6. I/We understand that a \$25.00 fee will be charged for any checks returned for NON-SUFFICIENT FUNDS.
7. I/We agree to work one game in the concession stand.
8. There will be NO REFUND of registration fees except for medical reasons or lack of participants in forming a team.
9. **By signing this registration form, you are agreeing to our Code of Conduct, which is posted on our website and is available through our Program Coordinators or Coaches.**
10. Authorization for Use of Photographic Likeness: I agree to allow Carroll County Recreation and Parks to take and utilize photographic images of the registered individual's for the purpose of promotion and publicizing of the Department programs and/or events. If I prefer to not allow the above registered participant/s to be photographed, I will call 410-386-2103 to register my request.

I/We acknowledge that the above items have been read and understood. INITIALS _____

Parent/Guardian Signature _____ Date _____

RECREATION COUNCIL USE ONLY			Birth Certificate
Registration Fee _____	Cash _____	Check # _____	Needed Y _____ N _____
			On File Y _____ N _____