

Baltimore County Department of Recreation and Parks - Program Registration Form

Check # _____

Participant's Name: last _____ first _____ Gender: M F

Birth date _____ Age Group _____

Street _____ City _____ State _____ Zip _____

Phone _____ Cell phone _____ email _____

Mothers Name: _____ Fathers Name: _____

Recreation Council _____ Program/League _____

This is a volunteer program. ALL parents/guardians must assist at some time during the season.

Circle One: Coach Assistant Coach Team Parent

Uniform Size: Shirt _____ Shorts _____ (*Youth Sizes: YS, YM, YL, Adult: AS, AM, AL, AXL*)

Person to be notified in case of an emergency:

Name: _____ Phone: _____ Relationship: _____

In case of an emergency, I hereby give my permission for a program representative to call 911 and have my child transported to a hospital.

Signed Parent/Guardian _____

I hereby agree to abide by the rules and regulations as established by the local Recreation and Parks Council. I further agree that when I leave this activity or at its completion, I shall return any and all equipment and uniforms issued to me.

Participants Signature _____ Date _____

To the parents: It is necessary that you read and complete all information for the protection of your child. I hereby approve of the terms of this registration form/contract signed by my child. I further agree that I will not hold any Recreation Council, the organizers, sponsors, supervisors, volunteer's leaders or participants responsible for injuries or any unforeseen accident while participating in the above named activity, or while traveling.

1) Are there any medical or other health factors that might affect your child's performance in this activity? No Yes

2) Is your child taking any medication that might affect their safety or performance? No Yes

3) Does the participant require any special accommodations (due to a disability)? No Yes

If Yes, please state special requirements: _____

Note: If yes to question 1 or 2 a medical release is required.

I hereby state that I/my child am/is in good health and able to participate in this program. I further acknowledge that I have read and fully understand the above-mentioned facts, as well as the Parents' Code of Conduct and the fact that the Baltimore County Department of Recreation and Parks does not provide background checks on volunteers. I certify that all answers, to the best of my knowledge, are true and correct.

Signature: _____ Date: _____

Parent/Guardian or Participant (if over 18)

