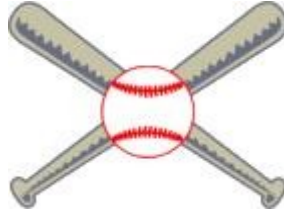


Baltimore County Recreation and Parks  
HEREFORD ZONE RECREATION AND PARKS COUNCIL  
PRESENTS

## TRAVEL BASEBALL REGISTRATION FOR 2008 SEASON



Baltimore County Major League Season runs from April to June\*  
\*pre-season tryouts and possible post-season may extend the playing time

**We welcome all interested players from Hereford, 5<sup>th</sup> District, 7<sup>th</sup> District, Prettyboy  
and Sparks**

Team Brackets – Ages 7-8, 9-10, 11-12, 13-14, 15-19  
Age determination date: April 30, 2008

**NOTE: all players must provide a copy of birth certificate when teams are set**

### REGISTRATION INFORMATION:

7<sup>th</sup> District Gym Lobby  
Jan. 22<sup>nd</sup> & 29<sup>th</sup>, 2008 6-8pm  
MAIL-IN REGISTRATION DEADLINE: 3/1/08  
MAIL TO: TIM MOONEY  
10 KAMPMAN CT. SPARKS, MD 21152

NO REGISTRATION FEES DUE AT SIGN-UP

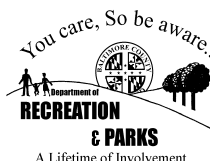
**TRY-OUTS:** This is a travel program. All participants must attend tryouts where players are evaluated. Cuts will be made if necessary.

### FOR MORE INFO. CONTACT:

Tim Mooney 410-868-8942 or [timmrp@verizon.net](mailto:timmrp@verizon.net)

*THESE PROGRAMS ARE DESIGNED TO PROVIDE A HEALTHY AND ENJOYABLE  
LEISURE EXPERIENCE FOR YOUR CHILD. STAFF CANNOT DETAIN YOUTH  
WISHING TO LEAVE AT ANY TIME.*

Should you require special accommodations (i.e. sign language interpreter, large print, etc.) please give as much notice as possible by calling the Therapeutic Recreation Office at 410-887-5370 (voice) or 410-887-5319 (TTY)



Hereford Recreation Office – 410-887-1938  
[www.herefordrec.org](http://www.herefordrec.org)

# HEREFORD TRAVEL BASEBALL 2008 REGISTRATION FORM

Team fees are as follows: (check appropriate age group)

Ages:  7-8 \$175       9-10 \$175       11-12 \$175

13-14 \$175       15-19 \$125

Payment:  Cash       Check # \_\_\_\_\_

**\*\*Please note that each team's fee is based on number of games and tournaments played\*\***

A \$25 returned check fee will be charged for any returned check.

**NO REFUNDS WILL BE GIVEN ONCE A PLAYER MAKES A TEAM.**

**PARENTS:** It is necessary that you complete all information for the protection of your child. In the past, some of our uniforms have been returned to us so badly damaged that it was necessary to throw them away. All of us want our teams to look their best when representing our area. Therefore, a \$75 check deposit is required. The check will only be cashed if your son's uniform is returned in "unusable" condition. Playing travel baseball is very expensive without the added expense of you having to purchase your child's uniform. We thank you for your understanding.

**PARTICIPANT REGISTRATION FORM (to be completed by parent and participant):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Full address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #'s: home \_\_\_\_\_ work \_\_\_\_\_

cell \_\_\_\_\_ cell \_\_\_\_\_ email: \_\_\_\_\_

School / grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other person to be notified in case of emergency if unable to reach parent or guardian:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Signed parent/guardian: \_\_\_\_\_

I 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/or uniforms issued to me. I hereby approve of the terms of this registration form contract signed by my child and agree that I will not hold any Recreation Council, the organizers, sponsors, supervisors, volunteers, staff or participants responsible for injuries or any unforeseen accidents while participating in the above-named activity or while traveling to and from or being transported for this activity. I understand that Baltimore County Dept. of Recreation and Parks does not require background checks on volunteers. I also understand that refunds will not be issued once my child has been notified of selection and that the security deposit check I have given for my child's uniform will be cashed if the uniform is not returned or if returned "not usable" as determined by the Commissioner.

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

If yes, explain \_\_\_\_\_

Is your child taking any medications that might affect his safety or performance in this activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Does the participant require any special accommodations (due to a disability)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state special requirements: \_\_\_\_\_

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.. I CERTIFY THAT ALL ANSWERS, TO THE BEST OF MY KNOWLEDGE, ARE TRUE AND CORRECT.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Parent/Participant (if over 18)