

# Essex Recreation Council Registration Form

## BASEBALL

AGE GROUP: T-ball  6-8  9-10  11-12  13-15

Is your child interested in participating in Travel baseball?  Yes  No  Unsure

### Enrollment Information:

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male:  Female:

Street Address: \_\_\_\_\_ Zip code: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_ Pant size: \_\_\_\_\_

Parent's email (please print) \_\_\_\_\_

Did your child play organized baseball in 2017? \_\_\_\_ Yes \_\_\_\_ No Where: \_\_\_\_\_

Age group is determined by age as of 5/1. If your child is 6, he can play t-ball or 7-8, depending on his level of play. If you are unsure, let us know.

### Emergency/Health Issues: In case of emergency, please notify

Parent Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Does the child have health insurance: \_\_\_\_\_

Any medical, psychological or behavioral conditions we should be aware of (bee sting or food allergies, etc)? \_\_\_\_ Yes \_\_\_\_ No

1. Are there any medical or health factors or limitations that might affect participant's performance in the activity?  
\_\_\_\_ Yes \_\_\_\_ No Explain: \_\_\_\_\_
2. Is participant taking any medications or have a condition that may affect participant's safety or performance in the activity?  
\_\_\_\_ Yes \_\_\_\_ No Explain: \_\_\_\_\_
3. Is participant required any special accommodations (due to disability) to participate in the activity?  
\_\_\_\_ Yes \_\_\_\_ No 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 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

Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Acknowledgment, 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 further understand that concussion information is available at [www.cdc.gov/concussions](http://www.cdc.gov/concussions).

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 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 throughout 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 driver's 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 or any time thereafter.

Signature of

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_