

# LUTHERVILLE-TIMONIUM RECREATION COUNCIL'S 2019 RIDGELY LACROSSE PROGRAM



We are pleased to announce that LTRC will be sponsoring, for its 16<sup>th</sup> year, an after-school lacrosse program for Ridgely Middle School's **6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students**. Depending upon participation and try-outs, the plan is to have "A" and "B" girls' teams and "A" and "B" boys' teams.

## **MAIL-IN REGISTRATION ONLY (DUE January 31)**

### **GIRLS -**

**Christy Cohen**

**72 Tudor Ct Lutherville, MD 21093**

### **BOYS -**

**Ali Burke**

**117 Ardoon Road Timonium 21093**

### **Cost: \$200.00/student (payable to LTRC)**

If your child **does not** make one of the teams then your check will be shredded.

**NOTE: Students will not be permitted to try-out if payment & waiver are not received**

## **TRYOUTS**

We expect tryouts to take 2-3 days per team. These will be held from mid to late February depending on weather conditions. Location will also be weather dependent. All correspondence regarding tryout dates will be done via email, so please **CLEARLY** print all email addresses on the registration form.

Try-outs and practices will be held between **3:00 p.m. and 5:00 p.m.**

## **GAMES**

All practices and home games will be at Ridgely Middle School and/or Seminary Park Turf. Game start times vary from 3:30 p.m. – 5:00 p.m. Transportation will be provided by parents and each parent is expected to carpool to at least one away game. Away games are at local public and private middle schools. If you have any questions, please contact:

**Boys Coordinator**, Ali Burke, 410-591-9071, [rmsboyslax@gmail.com](mailto:rmsboyslax@gmail.com)

**Girls Coordinator**, Christy Cohen, 443-904-0530, [rmsgirlslax@gmail.com](mailto:rmsgirlslax@gmail.com)

## **Baltimore County Department of Recreation and Parks**

*The Baltimore Co. Dept. of Recreation and Parks does not provide background checks on Volunteers. Should you require special accommodations (i.e. sign language interpreter, large print etc.) please give as much notice as possible by calling the Therapeutic Office at (410) 887-5370 (voice), (410) 887-5319 (TT/Deaf).*

*These programs are designed to provide a healthy and enjoyable experience for your child. However, they are not licensed childcare programs and are not designed to provide childcare. Therefore, parents are encouraged to discuss attendance expectations with their children. Department staff and volunteers cannot detain youth wishing to leave at anytime.*

*These materials are neither sponsored by nor endorsed by the Board of Education, the Superintendent, or this school office.*



DEPARTMENT OF  
RECREATION AND PARKS

# LTRC Lacrosse 2019 RMS 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. This information may be shared with volunteers/coaches and staff for the purpose of the administration of the program.

## **Enrollment Information:**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's E-Mail: **PRINT CLEARLY**

\_\_\_\_\_

Grade \_\_\_\_\_ Position(s): \_\_\_\_\_

Uniform Shirt Size (circle one) YM, YL, YXL, AS, AM, AL, AXL      Uniform Shorts Size (circle one) YM, YL, YXL, AS, AM, AL, AXL

Activity Registering for: **Ridgely Lacrosse Program**

**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 further understand that concussion information is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion)

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 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.

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

Print Name of Signatory: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_