

CHALLENGER SOFTBALL PROGRAM – Summer 2016

REGISTRATION DONATION: \$15.00 for 6 weeks.

Please make check or money order payable to: Lutherville Timonium Recreation Council.

Mail application with check to: Mary Mojzisek

Challenger Softball Chairperson

4005 Pinedale Drive, Baltimore, MD 21236

Should you require special accommodations (i.e. sign language interpreter, etc.) Please contact the therapeutic office at 410-887-5370 (voice), 410-887-5319 (TT/Deaf)

PLAYER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PARENT'S NAME: FATHER \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ Cell \_\_\_\_\_  
MOTHER \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ Cell \_\_\_\_\_

Names and phone numbers of two people to contact in case of emergency and parents cannot be reached:

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DISABILITY: (Please describe-movement limitations, if any) \_\_\_\_\_

If the participant has a disability that requires an accommodation, please explain: \_\_\_\_\_

Is it necessary to limit physical activities for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does athlete have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe type, \_\_\_\_\_

Are there any special medical conditions the program staff should be aware of, i.e., asthma, diabetes, heart trouble, allergies, etc.? Yes \_\_\_\_\_

No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Comments or instructions regarding athlete's behavior, interest, etc. which might be helpful to the program staff: \_\_\_\_\_

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: \_\_\_\_\_

**Acknowledgment, Waiver and Release of Liability:**

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity. I acknowledge the activity may involve both apparent and inherent risks and dangers of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risks, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

I acknowledge that 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 an 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 expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant's involvement with 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 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 Signature: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Print Name of minor child, if applicable: \_\_\_\_\_