

LUTHERVILLE-TIMONIUM RECREATION COUNCIL'S 2021 RIDGELY LACROSSE PROGRAM



We are pleased to announce that LTRC will be sponsoring, for its 18th year, an after-school lacrosse program for Ridgely Middle School's **6th, 7th and 8th 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 February 15th)

GIRLS -

Carin Esslinger

300 Jody Way, Timonium, MD 21093

BOYS -

Jacqueline Heil

8326 Tally Ho Road, Lutherville, MD 21093

Cost: \$225.00/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 1-2 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, Jacqueline Heil, 410-916-2116, rmsboyslax@gmail.com

Girls Coordinator, Carin Esslinger, 410-598-1824, rmsgirlslacrosse@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 2021 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

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: _____