

MAIL REGISTRATION FORM AND PAYMENT TO:
7th District Rec Council
P.O. Box 392♦Parkton♦MD♦21120
Email: Diana@DianaWilson.com

KINDERCLINIC/SOFTBALL REGISTRATION 2008
www.seventhdistrictrec.com

Cost: KinderClinic (ages 4-5) & **Clinic** (ages 6-7) \$45/participant
(\$10 discount per additional family member)

Softball (ages 8-17) \$55/participant

Make check payable to: **Seventh District Rec Council**

Name²: _____

Date of Birth: _____ Age: _____ (as of 12/31/2007)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-mail address: _____

Mom's Name: _____

Work/Cell Phone: _____

Dad's Name: _____

Work/Cell Phone: _____

Special Request/Additional Information¹:

**Uniforms (SOFTBALL ONLY) KINDERCLINIC WILL RECEIVE XS SHIRT AND BASEBALL CAP
T-SHIRTS**

- | Youth | | Adult | |
|--------------------------|-----------|--------------------------|-----------|
| <input type="checkbox"/> | XS (6/8) | <input type="checkbox"/> | XS (6/8) |
| <input type="checkbox"/> | S (8/10) | <input type="checkbox"/> | S (8/10) |
| <input type="checkbox"/> | M (12/14) | <input type="checkbox"/> | M (12/14) |
| <input type="checkbox"/> | L (16/18) | <input type="checkbox"/> | L (16/18) |

**NEW FOR 2008
CLINIC WILL NOT TRAVEL!**

We ask that each family **volunteer**. Please help by checking one or more of the following:

- Coach Assistant Coach Concession Stand Team Parent

To the Parent/Guardian: For the protection of your child, it is necessary that you read and complete all information.

I hereby approve of the terms of this registration form/contract signed by my child and myself. I further agree that I will not hold any Recreation Council, The Organizers, Sponsors, Supervisors, Volunteer Leaders, or Participants responsible for any injuries or any other unforeseen accident while participating in the above named activity, or while traveling to and from, or being transported for this activity

Are there any medical or other health factors that might affect your child's performance in this activity?

- NO YES (explain) _____

Is your child taking any medications that might affect his safety or performance in this activity?

- NO YES (explain) _____

If the answer is yes to either above questions, a medical release will be required. I certify that my child is in good physical condition and has my permission to participate in all softball activities. It is recommended before starting any physical activity to consult a physician concerning your child's physical condition. In case of emergency, I hereby give my permission for a program representative to call 911 and have my child transported to a hospital.

Emergency Contact Information (OTHER THAN PARENTS):

Contact Name: _____ Phone: _____

I hereby state that my child is in good health and able to participate. I further acknowledge that I have read and fully understand the Parents' Code of Conduct and the fact that Baltimore County does not provide background checks on volunteers. I certify that all answers, to the best of my knowledge are true and correct

Parent or Guardian's signature: _____

Participant: I hereby agree to abide by the rules and regulations as established by the local recreation and parks council.

Participant's signature: _____

1: We can not make any guarantee that special request can be honored. We apologize if this causes any inconvenience.

2: Participant information will be distributed to coach/asst coach volunteers and some contact information may be distributed to other team members at the discretion of the coach.

**PAYMENT MUST BE MADE WITH REGISTRATION FORM. THERE WILL BE A \$25 RETURN CHECK FEE.
ALL OUTSTANDING PAYMENTS MUST BE SETTLED PRIOR TO REGISTRATION.**

KinderClinic Clinic 7/8 9/10 11/13 14/17

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