(ONLINE) **OVERLEA-FULLERTON RECREATION COUNCIL** **REGISTRATION FORM**

DATE _____

I. Program: ❑ AEROBICS ❑ BASEBALL ❑ BASKETBALL ❑ CHEERLEADING ❑ DANCE ❑ FOOTBALL
❑ LACROSSE ☒ SOCCER ❑ SOFTBALL ❑ VOLLEYBALL ❑ OTHER _____

Name _____ Phone _____
(PRINT) LAST FIRST INITIAL

Address _____ Zip _____

School *(Grade)* / Occupation _____ Email Address _____

DATE OF BIRTH		PROOF OF AGE	❑ FAMILY PLAN
AGE	WEIGHT	❑ BIRTH CERTIFICATE ❑ BAPTISM CERTIFICATE	_____ CHECK NO. _____ LEAGUE

DONATION MAKE CHECK PAYABLE TO OVERLEA-FULLERTON RECREATION COUNCIL	
CASH	
CHECK	
TOTAL ➤	

II. Parent / Guardian will help: ❑ MANAGE ❑ COACH ❑ OTHER

III. Emergency/ Health Issues: In case of emerency, 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 _____ Phone No. _____

Medical Provider _____ Date of last Tetanus Immunization _____

To the Parent / Participant: For your protection or the protection of your child, please read and complete all information. If the answer to Questions 1 or 2 is "Yes", a medical release form is required.

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 this activity? ❑Yes ❑ No
2. Is participant taking any medications or have a condition that might affect participant's safety or performance in this activity? ❑Yes ❑ No
3. Is participant required any special accommodations (due to disability) to participate in this activity? ❑Yes ❑ No

If yes, please explain: _____

In case of 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: _____

IV. Permission to Participate

I hereby agree to abide by the rules and regulations as established by the local Recreation and Parks Council, I further agree that when I leave this activity or at its completion, I shall return any and all equipment and uniforms issued to me.

Participant's Signature _____ 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 RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. 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 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 the 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 the 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 of information provided in this Registration Form is incorrect or changes during 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 over18) OR Parent/Guardian (if under 18) Date

_____ _____
Print Name of Signatory Relationship to Participant

You Care So Be Aware

BALTIMORE COUNTY
MARYLAND
Department of Recreation and Parks
60th Anniversary
1940 – 2000

WHITE- Council YELLOW- Program PINK - Registrant

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