

WEST CARROLL RECREATION COUNCIL

In cooperation with the CARROLL COUNTY DEPARTMENT OF RECREATION, PARKS & FACILITIES

REGISTRATION FORM for LACROSSE 2010

Name: _____ Date of Birth: _____ Age : _____ Sex: _____

Full Address: _____ Grade: _____

City: _____ State: _____ Zip: _____ School: _____

Home Phone: _____ Primary Email: _____

Parents Name: Mother: _____ Cell Phone: _____

Father: _____ Cell Phone: _____

Emergency Contact : _____ Phone: _____

Shirt Size: S _____ M _____ L _____ XL _____ Youth _____ Adult _____

Short Size S _____ M _____ L _____ XL _____ Youth _____ Adult _____

I am interested in helping my child's team by:

Coaching _____ Assistant Coaching _____ Fundraising _____ Field Maintenance _____

Are there medical factors that might affect your child's performance in this activity? _____

Is your child taking medication that might affect his/her safety or performance in this activity? _____

1. I/We approve of my child's participation in any and all activities of this program.
2. I/We assume all risks and hazards incidental to the conduct of the activities, understanding that all children will be expected to be insured against injury through the school they attend and/or the parent's place of employment and/or the parent individually.
3. I/We waive all claims against the WCRC, Town of Union Bridge, Town of New Windsor, Department of Recreation, Parks & Facilities its organizers, supervisors, manager, coaches or any person affiliated with the program for injuries that may occur while watching, playing or traveling to and from games.
4. I/We acknowledge and understand that my child will be subject to school and/or WCRC rules of conduct.
5. I/We understand that a \$25.00 fee will be charged for any checks returned for NON_SUFFICIENT FUNDS.
6. I/We understand there will be NO REFUND of registration fees except for medical reasons or lack of participants in forming a team.
7. I/We understand that by signing this registration form, I agree to the Parent's Code Conduct rules, which are posted on our website www.westcarrollfieldhockey.com

I/We acknowledge that the above items have been read and understood. Initials: _____

Parent / Guardian Signature: _____ Date: _____

Please mail form & check payable to WCRC to: Nicole Ballard, 1001 Gullo Road, New Windsor, MD 21776

RECREATION COUNCIL USE ONLY:

Registration Fee: _____ Check #: _____ Cash: _____