



CHALLENGER SOFTBALL PROGRAM – Summer 2011

THIS PROGRAM PROVIDES AN OPPORTUNITY FOR CO-ED INSTRUCTIONAL PLAY FOR INTELLECTUALLY LIMITED PERSONS 12 YEARS AND OLDER

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**



PLEASE REMEMBER THE FOLLOWING:

- The program is held on Mondays: June 20-July 31, 6:30-8:00 PM at Lutherville Elementary
- All Star Game date, time and place: TBA
- Each athlete needs to bring a softball glove (if you have one in the family)
- VOLUNTEERS ARE NEEDED – CONTACT MARY MOJZISEK AT 410-256-4968

Directions to Lutherville Elementary: From Balt. Beltway I-695: Take Exit 26 North, York Road (Rt. 45). Go north 0.8 mi, to 4th light. School is on left across from Best Buy. For back field parking, go past school to next light at Ridgely Rd, turn left. Left again at next light, onto Kurtz Ave. One block, turn left on North Ave, and left again on Franke, a one-way street. School fields on right, pull-in parking.

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, 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 ZIPCODE

PARENT'S NAME: FATHER _____ PHONE: HOME _____ WORK _____
MOTHER _____ HOME _____ WORK _____

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: _____

I hereby agree for my son/daughter (**name**) _____ to attend the Baltimore County Department of Recreation and Parks Challenger Softball Program, and to be a participant in activities approved by the staff. 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 ACITIVITY. 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 BODILLY 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 REPRESENTATIVE from any and all claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants 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 the information provided in the 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 council.

THE PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY, 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 ACITIVITY. 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 BODILLY 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 REPRESENTATIVE from any and all claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants 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 the information provided in the 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 council.

SIGNATURE (if over 18) OR of Parent/Guardian (if under 18): _____ Date: _____

Print Name of Signatory _____ Relationship to Participant _____