



# SUMMER FOOTBALL CAMP-2010

*Lutherville Timonium Recreation Council*  
**BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS**

**FOR BOYS** Ages 5-12

QUARTERBACKS—RECEIVERS—RUNNING BACKS

**SPEED \* AGILITY \* POWER \* ENDURANCE**

**CAMP DATES**  
July 19-23, 2010  
9:00 AM-12:00 Noon

**LOCATION**  
Seminary Park  
in Lutherville

**CAMP DIRECTOR**  
Rod Norris

**REGISTRATION COST**  
\$165.00

\$10 Discount Additional Family Member in the same camp and or registration to multiple camps offered by Rod Norris (Basketball, Lacrosse or football camps)

**For more info call Rod Norris**  
**410-252-6867**

- \* Get Ready for the Season
- \* Practice the Correct Techniques
- \* Bigger / Faster / Stronger
- \* Game Situations
- \* Contests
- \* Footwork, Footwork, Footwork
- \* League Play- Touch/Flag

- Each Camper Receives:*
- \*15 Hours of Instruction
  - \*Camp Football
  - \*Camp Tee Shirt
  - \*Participation Award
  - \*Pizza Friday
  - \*Picture Day

***FOOTBALL CAMP 2010 MAIL IN REGISTRATION FORM***

Please complete this form and enclose a **non-refundable deposit of \$30.00 payable to: LTRC**  
**(Balance of registration due 1 week before camp)**

**MAIL TO: ROD NORRIS, 3 Thrush Court, Timonium, MD 21093**  
**QUESTIONS? CALL 410-252-6867**



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

T-shirt Size (Please circle one) YL 14-16 AS AM AL AXL

**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 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 recreation council.

**Signature of Parent/Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name of Signatory \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

*Should you require special accommodations (i.e. sign language interpreter, etc.) Please give as much notice as possible by calling the Rec. Office at 410-887-7684 or the Therapeutic Office at 410-887-5370 (voice), or 410-887-5319 (TT/Deaf).*

