

Recreation Council Registration Form - Complete Both Sides

[] POB Verified

[Rec .Office Use Only]

Amount _____ []Cash []Check # _____ []Clinic []U6 []U8 []U10 []U12 []U14 []U16 []U18 []Uniform
[] Premiere Player
[] Returning Player

[Registrants Complete Information Below – BOTH SIDES]

This Registration Form shall be completed by the participant, or if the participant is a minor/child, by the legal authorized parent or guardian of such minor/child participant.

Proof of Birth (POB) is required for age verification (birth certificate, passport, etc...)

All payments are final and nonrefundable.

Enrollment Information:

Participant's Name: _____ Date of Birth: ____/____/____ Male: ____ Female: ____

Street Address: _____ Home Phone: _____

City/State: _____ Zip Code: _____ Parent's Cell Phone: _____
used for PhoneVite notification

Email _____ Returning Player with valid Uniform [] Yes [] No

School Attending in the fall _____ Grade in the fall _____

Yes, I am interesting in Volunteering to COACH _____ Assistant Coach _____ Other _____

Emergency/Health Issues:

In case of emergency, 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: _____ Physician's Phone: _____

Name of Medical Provider: _____ Date of last tetanus immunization: _____

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 the activity? Yes ___ No ___

2. Is participant taking any medications or have a condition that may affect participant's safety or performance in the activity? Yes ___ No ___

3. Is participant required any special accommodations (due to disability) to participate in the activity? Yes ___ No ___

If yes, please explain: _____

In case of injury or 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: _____

Uniform Size – Complete only if ordering a Uniform:

Jersey []YS []YM []YL []AS []AM []AL []AXL

Shorts []YS []YM []YL []AS []AM []AL []AXL

Please Complete Page 2 on the Reverse Side.

Southeastern Area Soccer League

PREMIERE PLAYER STATUS DISCLOSURE

To be filled out by the parent/guardian for all players registered:

Ⓒ My child does not qualify as a "premiere player".

Ⓒ My child qualifies as a "premiere player". They have played for the following club/travel*/high school team(s) within the last 12-months:

Teams	Dates
_____	_____
_____	_____
_____	_____

*Note: travel teams are defined as those teams requiring try-out or selection to participate in a non-Recreation sanctioned league.

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 risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant 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 on "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 this 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 this 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 information provided in this registration form is incorrect or changes through 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 drivers 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 over 18) OR of parent/guardian (if under 18): _____ Date: _____

Print Name of Signatory: _____ Relationship to Participant: _____

PHOTOGRAPHY RELEASE:

The Bear Creek Recreation and Parks Council and it's representatives may take pictures of the players/participants and voluntaries throughout the year to illustrate, for you and them, the many activities in which they are engaged. Some photos will be used for the bearcreekrec.org website/Facebook Page, or other publications.

These images may also be used for promotional or publicity purposes and may be published in mass media publications. The player's names will **not** be used when the pictures are displayed on any materials published publicly.

I grant permission to the Bear Creek Recreation and Parks Council to capture my child's image during these activities, which may appear in the forms described above.

Signature of Participant (if over 18) OR of parent/guardian (if under 18): _____ Date: _____

Print Name of Signatory: _____ Relationship to Participant: _____