

Seventh District Recreation Council 2010 Baseball Registration Form

**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. PLEASE PRINT. ONE FORM REQUIRED PER PARTICIPANT. Please visit www.SeventhDistrictRec.com for updates and verification of all dates and times. To navigate to the baseball information, on the left side of the home page, click "Seventh District Programs". Next, click "Baseball".

NEW FOR THIS 2010 SEASON

PLAYERS MUST PROVIDE THEIR OWN BATTING HELMETS.

15 YEAR OLD HIGH SCHOOL PLAYERS ARE ELIGIBLE TO PARTICIPATE AT THE REC LEVEL, BUT CANNOT PITCH AT THE REC LEVEL.

PLAYER PITCHING WILL BE INTRODUCED AT THE 7/8 AGE GROUP/LEVEL.

A CLINIC WITH THE HIGH SCHOOL COACHES WILL BE OFFERED ON MARCH 20TH. CHECK WEBSITE FOR DETAILS AS THEY BECOME AVAILABLE. PLANS FOR A COED 14-17 SOFTBALL PROGRAM ARE IN THE WORKS. VISIT WWW.HEREFORDREC.ORG FOR MORE INFO AS IT BECOMES AVAILABLE.

REGISTRATION INFORMATION

\$60 for Clinic and \$75 per participant for ages 7/8 and older (checks made payable to 7th District Rec Council)
In Person Registration will be held at Seventh District on Feb. 16th from 6:30-8pm outside of the gymnasium.

IMPORTANT NOTE: To ensure fair playing time for all participants, team sizes must be limited. Team placement will be done on a first come-first served basis. A waiting list will be maintained and new teams created if and when possible. A late fee of \$10 must accompany all registrations received after Feb. 27, 2010. No player will be considered registered or placed on a team until all registration money including late fees has been received.

****NO REFUNDS CAN BE GIVEN AFTER FEB. 27TH** **\$25 WILL BE CHARGED FOR ALL RETURNED CHECKS****

Checks should be made payable to the "Seventh District Rec Council". Mail in Registrations are accepted now through 2/27 and are to be forwarded to
Seventh District Baseball
c/o Steve and Lisa Wetzelberger
7 Bentley Road -- Parkton, MD 21120

MANDATORY PLAYER EVALUATIONS

Sunday, March 7th (at 7th District) (Date pending permits – check website for verification of all dates and times)

All players ages 7/8 years and older must be evaluated before being placed on a team.

***7/8 (12:30-1:45pm) ***9/10 (2:00-3:15pm) ***11/12 (3:30-4:45pm) ***13/15 (5:00-6:30pm)

**The age determination date is April 30th of 2010 unless special permission has been granted to play outside of your age group.*

**PRACTICES AND GAMES **

MARK YOUR CALENDARS NOW FOR OPENING DAY AND PICTURES (INDIVIDUAL AND TEAM)
ON APRIL 17TH.

Practices will begin the first week in April and are held at Seventh District. Games will be played at the various local area school fields.

Regular Season play will begin on April 19th and will continue throughout the school year.

Clinic games *generally* take place on Saturdays with week night games being scheduled as necessary. Games for the 7/8, 9/10, 11/12 and 13/15 age groups will *typically* be held twice per week with weekend games being scheduled as necessary.

Participation trophies for those ages 6/7-9/10 only.

A tournament will conclude the season with trophies awarded to the winners in all age groups 9/10 and older.

** UNIFORMS AND EQUIPMENT **

Each child participating in the program will receive a team baseball hat, shirt and socks that they will keep.

All participants are asked to provide their own gray baseball pants and batting helmets. For your convenience, pants can be ordered for \$7.00 (youth) and \$9.00 (adult) + tax. Contact Sandee at sportsstop@erols.com for questions and delivery arrangements.

Enrollment Information: Participants are required to be assigned to teams based on their ages as of April 30th 2010 and their grades in school. Requests for specific teams and or coaches *cannot* be guaranteed. Requests to "play up" with peers in same school grade will be considered on a case by case basis.

Age as of April 30th 2010: ____ Age Bracket Clinic (6/7) Coach Pitch-NO tees used-NO umpires 7/8 coach/kid pitch 9/10 11/12 13/15

Date of Birth: ____/____/____ Male: ____ Female: ____ Activity Registering for: BASEBALL School Attending _____ Grade ____

Participant's Name: _____ Parent's E-Mail: _____ Home Phone: _____

Street Address: _____ City/State: _____ Zip Code: _____

Did you play travel baseball last year? YES NO If yes, "A" TEAM "B" TEAM Are you trying out this year? YES NO Information desired? YES NO

Number of years playing experience? ____ Are you a catcher? YES NO Pitcher? YES NO Would you like to be? Catcher Pitcher

Will you be playing another sport as well as baseball this spring season? YES NO If yes, which sport/s? _____

INFORMATION CONTINUED ON THE REVERSE SIDE. PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Circle uniform size. <i>T-shirts are non-refundable.</i> **Please choose carefully as t-shirts may shrink.		
YOUTH	ADULT	<i>Each player is responsible for supplying his own baseball pants and batting helmet.</i> For your convenience, pants can be ordered for \$7.00 (youth) and \$9.00 (adult) + tax. Contact Sandee at sportsstop@erols.com
YS (6/8) -----YM (10/12)	AS (chest 34/36) - AM (chest 38/40)	
YL (14/16)	AL (chest 42/44) - AXL (chest 46/48)	

Yes, I am interesting in helping: _____ I would like more information: _____

We ask that each family please volunteer! <i>Please help by circling one or more of the following:</i>			
<i>Coach (MUST be present during player evaluations and mandatory coaches meeting scheduled for 3/11)</i>	<i>Assistant Coach</i>	<i>End of season picnic/party</i>	<i>Clinic Team Coordinator</i>
	<i>Opening Day</i>	<i>Scheduling</i>	<i>Concession Stand</i>

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: _____

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 in 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: _____