



7th District Recreation Council Registration for the 2010 T-Ball



Registration:

Mail in 2/1/2010 thru 3/7/2010

In Person will be held at the 7th District Elementary School Gym
Tuesday, February 16 from 6:30 – 8:00 PM

To register by mail, send a completed application for each child and a check made payable to “7th District Recreation Council” by March 7th 2010 to:

Bryan Beyrodt
7th District Rec Tee-Ball
607 Cameron Ridge Court
Parkton, MD 21120

Program Cost Individual \$55.00 per child
Family (2 or More Children \$45.00 per child)

Registrations received after 3-7-2010 may be subject have a shirt without their name on it.

Each Child receives a Team Shirt, Team Hat, and trophy

Each child must have his or her own T-ball/Baseball glove

All other equipment is provided by the Recreation Council (Helmets, Bats, Tees, Balls, and Bases)

Baseball pants are recommended and many Parents choose to buy their child a batting helmet

Season Dates:

- The Tee-Ball Program will run from April 17th until the end of the 2010 school year
- All games are on the fields at 7th District at 9:00 AM or 10:00AM on Saturdays
- Practice is usually one night a week at 7th District elementary (Team coach determines practice times)

Age Determination (Proof of age may be required):

The program is open to boys and girls ages 4, 5, and 6.

Program Objective:

The main objective are to introduce players to the game of Tee-Ball (baseball) and Have Fun.. Players will receive instruction in the basic skills of throwing, catching, and hitting from the Tee (most children advance to being pitched to by the seasons end).

Hereford Recreation Office (410) 887-1938

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

THESE PROGRAMS ARE DESIGNED TO PROVIDE A HEALTHY AND ENJOYABLE LEISURE EXPERIENCE FOR YOUR CHILD, NOT TO PROVIDE CHILD CARE.

STAFF CANNOT DETAIN YOUTH WISHING TO LEAVE AT ANY TIME.

Register by 3/7/2010 Opening Day/Picture Day 4/17/2010
All Games Saturdays, 9 am 7th District Elementary
Team Sponsorship Available! (Multiple sponsors per team welcome)
Families may Sponsor a team
Parent Coaches & Assistant Coaches Welcome (and needed)
T-Ball Commissioner: Bryan Beyrodt
443-632-8163 bbeyrodt@gmail.com

Seventh District Recreation Council Tee-Ball 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.

Enrollment Information:

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

Street Address: _____ Home Phone: _____

City/State: _____ Zip Code: _____ Email: _____

Activity registering for: 2010 Tee-Ball School Attending _____

Team Assignment Note: Please assign with: _____

Child's Shirt size Youth Small(6-8) _____ Youth Medium (10-12) _____ Youth Medium (14-16) _____

Yes, I am interesting in volunteering to COACH _____ Assistant Coach _____ Team Parent ___Sponsoring a Team _____

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 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: _____