

# Dorchester County T-Ball League

Registration Form 2022

All Participants Must Register Every Year

Ages 4-6 as of April 1<sup>st</sup>, 2022

Reverse Must Be signed

Please Print

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Address /State Zip \_\_\_\_\_

School \_\_\_\_\_

## Shirts Sizes

Child Size Youth (6-8) \_\_\_\_ Youth M (10-12) \_\_\_\_ Youth L (14-16) \_\_\_\_

## Gender of Child

Male \_\_\_\_ Female \_\_\_\_

I am Willing To Help Coaching: Yes \_\_\_\_ No \_\_\_\_

**REGISTRATION FEE IS \$30.00 PER CHILD**

**CHECKS OR MONEY- MAKE PAYABLE TO**

**DORCHESTER COUNTY RECREATION AND PARKS**

You must return this form to Dorchester County Recreation and Parks, 515-B Leonard Ln. Cambridge, MD 21613 before the registration deadline to guarantee placement on the team. Registration for T-ball is from January to March 18<sup>th</sup>, 2022. Registrations received after March 18<sup>th</sup>, 2022 will be placed on a waiting list and may not guarantee your child's participation in the league. If you have any questions, you may call Dorchester County Recreation and Parks at 410-228-5578

## Dorchester County Recreation and Parks

Phone - 410-228-5578  
Fax - 410-228-5966

515 Leonards Ln  
PO Box 598  
Cambridge, MD 21613

### Waiver and Release

In consideration of being permitted to participate in the following course/activity, sponsored by the Dorchester County Recreation & Parks, its Officers, Directors, Employees and Agents, including the County Council of Dorchester County, and/or its Agents, Employees, Officers, and Officials:

### 2022 Dorchester County Recreation & Parks T-Ball Clinic

(Course / Activity)

I as the father/mother and/or natural guardian of the minor child indicated below understand and agree that:

1. I acknowledge that I and my child have been advised of medical risks that may result from such participation in the Dorchester T-Ball Clinic (the "Program") offered by Dorchester County, Maryland (the "County") under the Board and Director of Recreation & Parks for Dorchester County, Maryland (herein "Board/Director") and I represent to the County, Board/Director that I and my child have consulted my personal physician or other health authority and my child is physically capable of such participation in the Program without injury or any medical issues.
2. I recognize and my child recognizes, the risks of injury and illness inherent in any activity/fitness program and am participating in the Program under the express agreement and understanding that as the natural guardian of my child, I am hereby waiving and releasing and holding harmless the County, Board/Director and all County employees and agents from any and all claims, actions, costs, damages or expenses, including Attorney's Fees and Court Costs (herein collectively "claims") arising out of my child's participation in the Program or any illness, injury or death resulting from my child's participation in the Program and I, as the natural guardian of my child, hereby agree to indemnify and hold harmless the County, Board/Director from and against all such claims except claims proximately caused by gross negligence or willful misconduct of County, Board/Director. I, as the natural guardian of my child, am waiving any liability of all persons concerned in my child's transportation to and from activities relating to the Program.
3. I, as the natural guardian of my child, hereby execute and deliver this waiver and release voluntarily and with the full understanding of the contents and consequences thereof and to induce County, Board/Director to permit my child to participate in the Program.
4. I, as the natural guardian of my child, understand I am responsible for any medical bills, etc. which I may incur resulting from my child being injured while participating in the Program. This includes all phases of the Program activity.
5. County, Board/Director reserves the right to use photos taken at events. These images will be used for the promotions of future events.

Printed Name of Participant \_\_\_\_\_

Age \_\_\_\_\_

Today's Date \_\_\_\_\_

Signature of Parent/Natural Guardian if a Minor \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Birth Date \_\_\_\_\_

Doctor \_\_\_\_\_

Medications/Allergies \_\_\_\_\_

The Dorchester County Recreation & Parks does not discriminate in admissions, access, treatment or employment in its programs and activities on the basis of race, color, sex, age, national origin, religion, or disability.

**A Parent or Tutor must stay at the facility until the session is done.**

EMAIL ADDRESS \_\_\_\_\_

Please print clearly