

DORCHESTER COUNTY T-BALL LEAGUE

Registration Form - 2017

All Participants Must Register Every Year

Ages 4 - 6 as of April 1, 2017

REVERSE MUST BE SIGNED

PLEASE PRINT

Team if played last year _____

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Address/State/Zip _____

School _____ Grade _____

SHIRT SIZES

Child's Size - YOUTH S (6-8) ____ YOUTH M (10-12) ____ YOUTH L (14-16) ____

ADULT S ____

ADULT M ____

ADULT L ____

I AM WILLING TO HELP WITH COACHING: Yes ____ No ____

**REGISTRATION FEE IS \$30.00 PER CHILD
CHECKS OR MONEY ORDERS ONLY – MADE PAYABLE TO
DORCHESTER COUNTY RECREATION AND PARKS**

You must return this form to Dorchester County Recreation and Parks, PO Box 598 Cambridge, MD 21613 before the registration deadline to guarantee placement on a team. **Registration for T-ball is from January 23 - March 24, 2017.** Registrations received after March 24, 2017 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 office at 410-228-5578.

DORCHESTER COUNTY T-BALL LEAGUE

I/WE, THE PARENTS (S), GUARDIAN (S) OR OTHER LEGAL CUSTODIAN (S) OF THE MINOR CHILD WHO IS A CANDIDATE FOR A POSITION ON A DORCHESTER COUNTY T-BALL LEAGUE TEAM HEREBY CONSENT AND APPROVE THE PARTICIPATION OF SAID CHILD IN ANY AND ALL LEAGUE ACTIVITIES DURING BOTH THE CURRENT SEASON AND ANY POST SEASON OR EXTRA SEASON PLAY, AND ALL ACTIVITIES IN SUCCEEDING YEARS UNTIL THIS RELEASE IS REVOKED BY ME/US IN WRITING. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE ACTIVITIES, AND HEREBY WAIVE, RELEASE, ABSOLVE AND AGREE TO HOLD HARMLESS THE DORCHESTER COUNTY RECREATION AND PARKS BOARD MEMBERS AND STAFF, DORCHESTER COUNTY COMMISSIONERS, ORGANIZERS, SPONSORS, SUPERVISORS, OFFICERS AND DIRECTORS OF THE LEAGUE, COACHES, REFEREES, FIELD AND FACILITY OWNERS, OTHER GAME OFFICIALS AND PARTICIPANTS, AS WELL AS PERSONS TRANSPORTING SAID CHILD.

I/WE UNDERSTAND THAT IT IS THE RESPONSIBILITY OF THE PARENTS OF THE PLAYERS TO MAKE CERTAIN THAT THEIR CHILDREN ARE IN SOUND PHYSICAL CONDITION BEFORE AND DURING THE TIME THEY ENGAGE IN LEAGUE PRACTICE AND PLAY. I/WE UNDERSTAND THAT THE LEAGUE RECOMMENDS THAT ALL CHILDREN WHO PARTICIPATE IN ANY LEAGUE ACTIVITY BE EXAMINED BY THEIR PHYSICIAN AND THERE ARE NO PHYSICAL OR MENTAL DISABILITIES WHICH WOULD IN ANY WAY IMPAIR MY/OUR CHILD'S ABILITY TO FULLY PARTICIPATE IN ANY LEAGUE ACTIVITY, PRACTICE OR GAME.

I/WE HEREBY CONSENT AND AGREE THAT IN THE EVENT WE ARE NOT PRESENT, ANY COACH, REFEREE OR OTHER GAME OFFICIAL, OR ANY OFFICER OR DIRECTOR OF THE LEAGUE MAY CONSENT TO EMERGENCY MEDICAL TREATMENT OF MY/OUR CHILD WHICH MAY BE PROVIDED BY ANY LICENSED PHYSICIAN AND/OR ANY HOSPITAL ON MY/OUR BEHALF. A PERSON SO CONSENTING IS HEREBY RELEASED FROM ANY LIABILITY WHATSOEVER WHICH MAY OTHERWISE ARISE AS A RESULT OF CONSENTING TO SUCH TREATMENT. ANY HOSPITAL AND/OR PHYSICIAN MAY RELY UPON SUCH CONSENT TO THE SAME EXTENT AS IF ME/US GAVE IT AND SUCH CONSENT REMAINS IN FORCE UNTIL PERSONALLY REVOKED BY ME/US. A PHOTOCOPY OF THIS DOCUMENT SHALL BE ACCEPTED AND HAVE THE SAME FORCE AND EFFECT AS AN ORIGINAL.

I/WE UNDERSTAND THAT MY /OUR SIGNATURE (S) CONSTITUTES MY/OUR AGREEMENT AND CONSENT TO ALL OF THE ABOVE. IT FURTHER CONSTITUTES MY/OUR ACKNOWLEDGMENT THAT I/WE HAVE READ AND UNDERSTAND ALL OF THE ABOVE AS WELL AS RECEIPT OF NOTICE AND MY/OUR RIGHT TO SEEK LEGAL COUNSEL WITH RESPECT TO ANYTHING CONTAINED HEREIN.

PRINTED NAME OF PLAYER

AGE AS OF APRIL 1, 2017

SIGNATURE OF PARENT / GUARDIAN

DATE