



Randallstown Track Club
Presents
**Baltimore County Youth Open
Indoor Track Meet Series**

Sponsored by
Liberty Road Recreation and Parks Council



Baltimore County Youth Open Indoor Track Meet Series

**Sponsored by Liberty Road Recreation & Parks Council
Presented by Randallstown Track Club**

- FOR:** BOYS & GIRLS AGE 7-18 YEARS OLD,
- LOCATION:** RANDALLSTOWN COMMUNITY CENTER.
3505 Resource Drive Randallstown, MD 21133
LOCATED BEHIND THE LIBERTY RESOURCE CENTER.
- DATES:** MEETS ARE ALL ON SUNDAYS.
NOVEMBER 30, DECEMBER 7, 14, & 28 IN 2014,
JANUARY 11, AND FEBURARY 1, & 22 IN 2015.
- TIMES:** ALL MEETS ARE FROM 8:00 AM TO 12:00 PM.
- REGISTRATION:** REGISTRATION IS FROM 7:30 AM TO 8:00 AM
- FEE:** REGISTRATION FEE IS \$5 PER PERSON.
- VENUE:** 4 LANES, 150 METER TRACK. NO SPIKES ALLOWED!
- LIMITS:** MAXIMUM OF THREE (3) EVENTS PER PERSON,
INCLUDING RELAYS.
- AWARDS:** RIBBONS FOR ALL PARTICIPANTS.
- EVENTS:** 55 Hurdles, 55 m, 200 m, 400 m, 800 m, 1500 m, 4 x 1 Lap relay
- AGE DIVISIONS:** 8 & UNDER, 9-10, 11-12, 13-14, 15-18.
Age as of 12/31 in current year.

CHAIRMAN FELIX ROGERS
(410) 655-2270 Felix.Rogers@Verizon.net

FOR MORE INFORMATION, CALL LIBERTY ROAD RECREATION OFFICE 410-887-0700
BETWEEN THE HOURS OF 9:00 AM AND 3:00 PM WEEKDAYS.

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



Recreation Council 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. This information may be shared with volunteers/coaches and staff for the purpose of the administration of the program.

Enrollment Information:

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

Street Address: _____ Home Phone: _____

City/State: _____ Zip Code: _____ Parent's E-Mail: _____

Activity Registering for: ***Baltimore Co. Youth Open Track Meet*** School Attending _____

Please check one date below.

In 2014 **NOV 30** **DEC 7** **DEC 14** **DEC 28**
In 2015 **JAN 11** **FEB 1** **FEB 15**

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 further understand that concussion information is available at www.cdc.gov/concussion

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: _____



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Order of Events

55 m Hurdles	11-12, 13-14 15-18
55 m Dash	6&U, 7-8, 9-10, 11-12, 13-14 15-18
1500 m Run	9-10, 11-12, 13-14 15-18
400 m Dash	7-8, 9-10, 11-12, 13-14 15-18
800 m Run	7-8, 9-10, 11-12, 13-14 15-18
200 m Dash	7-8, 9-10, 11-12, 13-14 15-18
4x1 Lap Relay	7-8, 9-10, 11-12, 13-14 15-18

MEET DIRECTOR:

FELIX ROGERS
(410) 655-2270

Felix.Rogers@Verizon.net



Randallstown Community Center

**3505 Resource Drive
Randallstown, MD 21133-4769
410-887-0698**



Directions:

Take I-695 to Towson. Use exit 18, Liberty Road West. Just past the light at Brentbrook Drive, turn left onto Resource Drive. The Center is at the end of the road.

