



Liberty Road Recreation & Parks Council



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: Randallstown Track Club School Attending _____

Yes, I am interested in helping: ___

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 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: _____



BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS LIBERTY ROAD RECREATION AND PARKS COUNCIL RANDALLSTOWN TRACK CLUB



REGISTRATION FORM

PARTICIPANTS NAME: LAST FIRST MIDDLE INITIAL

ADDRESS

CITY STATE ZIP

DATE OF BIRTH Male/Female:

Person to notify in case of emergency; PARENT/GUARDIAN Birth Certificate:

NAME: RELATIONSHIP: PHONE:

PHYSICIAN NAME: PHONE:

E-mail ADDRESS: CELL PHONE:

I hereby agree to abide by the following rules and regulations as established by the Liberty Road Recreation and Parks Council. I further agree that when I leave this activity or at its completion, I shall return any and all equipment and uniforms issued to me.

DATE

PARTICIPANT'S SIGNATURE

- 1. I hereby approve of the terms of this registration contract, signed by my child and myself. I further agree that I will not hold the Recreation Council, the organizers, sponsors, supervisors, volunteer leaders, or participants responsible for any injuries or any unforeseen accident while participating in the above named activity, nor while being transported for this activity.
2. That I/we assume responsibility for the reasonable care and return of all equipment loaned to the registrant, If not returned, the equipment will be replaced by me/us.
3. That I/we will furnish or arrange for transportation of the registrant to and from meets and practices, or other activities.
4. Permission is hereby granted for any coach, manager, leader, attendant, assistant coach, Council official to authorize first-aid, as well as such medical treatment for injuries incurred or sustained by my child while engaged in recreation activities.
5. Registration donations are final, and there will be no refunds. Please be certain that you want your child to participate in this program, before you register them for it. There will be no refunds.
6. I understand that Track and Field is a sport where injuries may occur. That all the coaches and leaders will try to prevent injuries, but injury is always possible.

MEDICAL HISTORY

- 1. Does the registrant have any physical, emotional, psychological disorder, handicaps, disease, disabilities, or allergies that would hinder their participation in the program? YES NO If YES, then please explain.
2. If question 1 was checked YES, I agree to provided a medical release prior to my child participating in the activity.

I have read, understand, and agree to the above, and do hereby testify to the accuracy of the above information, and will comply with the registration provision indicated above.

DATE

PARENT'S/GUARDIAN'S SIGNATURE





RANDALLSTOWN TRACK CLUB INDOOR TRACK PROGRAM

The indoor track program has two parts, spring and summer. The spring program runs from the beginning of November until the end of February. The indoor program has between 8 and 12 all meets.

Track and Field is an athletic sport, and as such presents the possibility of injury. ***Serious injury or death is possible while participating in this sport.*** Parents should caution their children about this, and warn them about doing things that may expose them to the possibility of injury. If there is a problem with an athlete's health or bodily injury, the coaches should be notified immediately.

Every athlete will be issued a T-shirt with the club logo on it, before the first meet. They can keep this shirt.

Practice is very important, this is where skills are taught, and conditioning and training occurs. Missing practice can result in poor physical condition, and lack of event performance skills. Information about the team is given out at practice, along with meet results, directions, times, and dates of up-coming events. Please make an effort to attend all schedule practices.

Everyone has unexpected things that come up. If, for any reason, you will not be with the team for an extended period, please inform the coaches in advance. If we find an athlete missing for an extended period, we will assume that that person has dropped out of the program. These athletes will not be considered for any meets, regardless of weather or not they have qualified for the meet. You must practice to participate in meets.

All of the meets are on weekends and holiday, and most of them on Sundays for 4-6 hours, and you should plan an hour drive to and from the meet. Normally the time of departure for a meet will be given out at practice during the week before the meet. Our team will meet in the parking lot of Randallstown High School; depart at the specified time, and car pool to the meet site. Please don't be late or we will leave you, rather than have the entire team late. The departure time is based on drive time, team warm-up time, and start time of the meet.

We cannot tolerate behavior problems with any child. If your child has behavior issues, you should be at every practice to monitor the child. Repeated misconduct of any child is grounds for dismissal.

Registration donations are final, and there will be no refunds. Please be certain that you want your child to participate in this program, before you register them for it. *There will be no refunds.*

I understand the information presented above.

SIGNATURE

DATE

NAME OF ATHLETES