



TOWSONTOWNE & TOWSON RECREATION COUNCILS HAVE JOINED TOGETHER TO FORM

2011 Towson Area Girls Softball

Send application and check to:
Susan Fringer
6700 Sherwood Road
Baltimore Maryland 21239



MAKE CHECKS PAYABLE TO: TTRC

Age Determination Date: 05/01/11

« **CLINIC: AGES 5-6-7: \$60.00** Learn the fundamentals of the game and have the Opportunity to play on a team. Coaches will pitch to this age group.

« **SLOW PITCH: AGES 8-10 \$75.00**

Comments/Requests: (One special request per child for player or coach placement. We will try to honor your request but please realize that the equal division of talent between the teams will be our primary concern.)

PLAYER EVALUATIONS FOR 8-10:

Saturday, March 19th (rain date 3/20/11)

You will be notified with specific times.

Practice Begins week of March 27th

Games Begin April 27th

SPECIAL REQUEST: _____

BALLPLAYER: _____ SCHOOL: _____ Years played: _____

ADDRESS: _____ HOME PHONE: _____

_____ OTHER PHONE: _____

DATE OF BIRTH: _____ EMAIL: (important) _____

PARENT/GUARDIAN: _____ SHIRT SIZE: YS YM YL YXL (Y-Youth)

AS AM AL (A-Adult)

MEDICAL/MEDICATION ISSUES:

« « **PARENTS/GUARDIANS, PLEASE CONSIDER VOLUNTEERING TO HELP.** « «

WE NEED COACHES! Make a difference in a child's life. "Give a little, get a lot!"

I would like to be _____ Head Coach _____ Assistant Coach _____ Administrative Assistant

Volunteer: _____ Daytime Phone: _____

Parent's/Guardian's and Participant's Agreement: In connection with this program of the Baltimore County Department of Recreation and Parks, we hereby agree to the following terms and conditions: (1) We shall abide by the rules and regulations of the local Recreation and Parks Council. (2) We will not hold the Recreation and Parks Council, the organizers, sponsors, supervisors, volunteer leaders, or participants responsible for any injury or unforeseen accident while participating in this activity or while traveling to and from or being transported for the activity. (3) We state that the participant is in good health and able to participate in this program. If special health factors exist, we will notify the program coordinators in writing. (4) We will abide by the following Code of Conduct: As parent/guardian, I acknowledge the importance of being involved in my child's recreational activities. I will introduce myself to my child's volunteer coach and will provide pertinent information to him/her. My child and I will treat other participants, spectators, coaches and officials with respect. **Parent/Guardian's Signature:** _____

PLEASE ENCOURAGE YOUR FRIENDS TO JOIN THIS YEAR!

FURTHER INFORMATION- Towson Office 410-887-5913 or Susan Fringer 410-377-5873

BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS