



BALTIMORE COUNTY DEPARTMENT OF RECREATION & PARKS  
PRESENTS



# 52ND ANNUAL BASEBALL CLINIC

WITH CURRENT BALTIMORE ORIOLLES PLAYERS

AGES 6 - 14 AND ADULT COACHES

## SATURDAY, APRIL 10, 2010



LOCATION:	BLOOMSBURY COMMUNITY CENTER (106 BLOOMSBURY AVENUE, CATONSVILLE)
TIME:	9:00 a.m. - 11:30 a.m. (Doors open at 8:30 a.m.)
COST:	Youth Clinic Participants and Adult Coaches Clinic Participants - \$5.00

YOUTH PARTICIPANTS - Instruction in Batting, Pitching, Outfield and Infield

ADULT COACHES - Tips on Coaching Youth, Strategies, Handling Parents, and Drills

FREE BOOK - COACHING YOUTH BASEBALL - for Participating Adults

INSTRUCTION PROVIDED BY: DEAN ALBANY, Baltimore Orioles professional baseball scout and staff that includes current and former Baltimore Orioles players and coaches

For tickets please contact the Southwest Area Recreation Office at 410-887-1071 or mail the below waiver form with a check (made payable to Catonsville Recreation & Parks Council) to:

Baltimore County Department of Recreation and Parks, Southwest Area Recreation & Parks Office, 106 Bloomsbury Avenue, Room 129, Catonsville, MD 21228.

**TICKETS ARE LIMITED TO THE FIRST 250 YOUTH PARTICIPANTS AND THE FIRST 80 ADULT PARTICIPANTS - RESERVE YOURS TODAY.**

For directions to Bloomsbury Community Center or inclement weather information, please call the Southwest Area Recreation Office at 410-887-1071.

TT/Deaf: 410-887-5319 (5370 voice)



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### REGISTRATION FORM

Youth Clinic: \_\_\_\_\_ (Total Tickets)    Beginner Adult Coaches Clinic: \_\_\_\_\_ (Total Tickets)    Advanced Adult Coaches Clinic: \_\_\_\_\_ (Total Tickets)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 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 RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. 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 an "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 the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants involvement with the activity. I certify all answers on the 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 of the i the registration form is incorrect or changes during the course of the activity. I understand Baltimore County and/or the recreation council do not perform crimi checks on activity representatives. I shall present a government-issued photo ID card including, but not limited to, my drivers license, passport, or United Sta 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: \_\_\_\_\_

