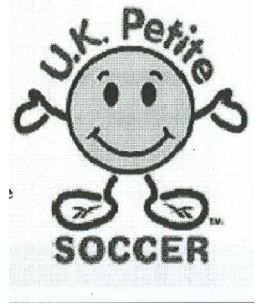


Towsontowne Recreation Council Soccer Presents

U.K. ELITE - Petite Soccer



For Children 3, 4, 5 years old at

WEST TOWSON PARK
(Joppa Rd and Central Ave)



Thursdays, April 15 – May 20, 2010 (May 27 rain date)

Choose: (11am to 12 noon) OR (1pm to 2pm)

Registration Donation: \$80

Make checks payable to Towsontowne Recreation Council. Mail check and registration form to Towsontowne Recreation Office, 938 York Road, Towson, MD 21204.

For further information, call the Towsontowne Recreation Council Office, 410-887-5913.

PARENT'S NAME _____ PLAYER'S NAME _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

PHONES home _____ work _____ cell _____

**EMAIL _____ **

EMERGENCY CONTACT _____ PHONE _____

CHECK ONE: 11:00 a.m. – 12:00noon _____ 1:00pm – 2:00pm _____

To the Parent/Participant:

For your protection of your child, please read and complete all information. If the answer to Questions 1 or 2 is "Yes," a medical release is required.

I hereby approve of the terms of this registration form. I further agree that I will not hold Towsontowne Recreation and Parks Council, Baltimore County Department of Recreation and Parks, UK Elite, the organizers, sponsors, supervisors, volunteer leaders, or participants responsible for injuries or any unforeseen accident while my child participates in the above-named activity. I will inform the chairperson of any medical or health factors which may occur or develop which could affect my child's participation.

1. Are there any medical or health factors or limitations that might affect your child's performance in this activity? Yes _____ No _____

2. Is your child taking any medication that might affect his/her safety or performance in this activity? Yes _____ No _____

3. Does the participant require any special accommodations, due to disability? Yes _____ No _____

If Yes, please state special requirements: _____

I hereby state that my child is in good health and able to participate in this program. I further acknowledge that I have read and fully understand the above-mentioned facts, and the fact that the Baltimore County Department of Recreation and Parks does not provide background checks on volunteers. I certify that all answers, to the best of my knowledge, are true and correct.

Parent Signature: _____ Date: _____



BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS

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