



Department of Recreation and Parks
www.baltimorecountymd.gov

Towsontowne Recreation & Parks Council Soccer Dads Registration Form

Name: _____ Phone # _____ Cell # _____

Address: _____ Email: _____

Age: _____

Person to notify in case of emergency

Name: _____ Relationship to participant _____
Phone # _____ Cell # _____

Physician's Name: _____ Phone # _____

To the Participant:

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

1. Are there any medical, health factors, or limitations that might affect your performance in this activity?
Yes___ No___
2. Are you taking any medication that might affect your performance in this activity? Yes___ No ___
3. Does you require any special accommodations (due to a disability) ? Yes___ No ___

I hereby state that I am in good health and able to participate in this program. I also approve of the terms of this registration form. I further agree that I will not hold Towsontowne Recreation and Parks Council, the organizers, sponsors, supervisors, volunteer leaders, or participants responsible for injuries or any unforeseen accident while participating in the above-named activity. I will inform the program director of any medical or health factors which may occur or develop which could affect my participation.

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. In case of emergency, I hereby give my permission for a program representative to call 911 and to be transported to a hospital.

Signed Participant _____ **Date** _____

Ground mail this form to :
David Baker
c/o Kalinoski & Riordan, P.A.
102 W. Pennsylvania Avenue, Suite 500
Towson, Maryland 21204-4542
Attn: TTRC

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).

Application # _____

Check # _____