

Manchester Blue Sox Baseball Registration for Spring 2018

FIRST NAME	LAST NAME	DOB Age Group Determined by Age on April 30 th , 2018 ____/____/____	
Parent / Guardian		Phone:	
Parent / Guardian		Phone:	
		Home Phone:	
Street/PO:			
City, State, Zip			
School		Email	
Special Notes : (i.e., Health concerns) – Use back of form if necessary			
Registration Fee (Circle One) (No Refunds after agreeing to join the team) (Travel Fees Determined by Each Team)			
9U / 10U / 12U / 13U / 14U			DUE DATE
Amount Due - \$100.00	Amount Paid: \$_____	Date Paid: ____/____/____	11/15/2017
Percent Due – 34%	Amount Paid: \$_____	Date Paid: ____/____/____	01/15/2018
Percent Due – 34%	Amount Paid: \$_____	Date Paid: ____/____/____	02/15/2018
Percent Due – 33%	Amount Paid: \$_____	Date Paid: ____/____/____	03/15/2018

Note: Registrants must attend league tryouts. There is no guarantee that a registrant will be selected for a team or that a team will be formed. Fee must be paid at the time of registration (refunded if the child is not selected or a team is not formed). I/We the parents and/or guardians of the above named candidate for a position on a league team, hereby give approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the County Commissioners of Carroll County, its officers and employees, the local league, Manchester Baseball Association, Inc., North Carroll Recreation Council, Inc, the chartering organization, the organizers, sponsors, participants, and persons transporting any/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause. I/We agree to return upon request; the uniform and other equipment issued to my/our child will be returned in as good a condition as when issued except for normal wear. Any activity involving motion or physical orientation involves a personal risk of injury, overexertion or stress. The undersigned acknowledges that the County Commissioners of Carroll County, the North Carroll Recreation Council, Inc., and Manchester Baseball Association, Inc. do not provide any registrant medical or hospitalization insurance whatsoever, and hereby waives any and all claims against the County Commissioners of Carroll County, North Carroll Recreation Council, Inc., the Manchester Baseball Association, Inc, and the Bureau of Recreation and Parks, or any other person sponsored with the North Carroll Recreation Council program, for injuries sustained while watching, playing games, traveling to/from games, or participating in any leisure activity.

Player (18 or over)/Parent/Guardian Signature

The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services, 410.386.3600 or 1.888.302.8978 or MD Relay 7-1-1/1.800.735.2258 as soon as possible but no later than 72 hours before the scheduled event.