

# FALLSTON RECREATION COUNCIL REGISTRATION FORM

Child's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Parent/Guardian Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Any physical conditions or allergies? \_\_\_\_\_  
 Accommodations requested? (please explain) \_\_\_\_\_

TO BE COMPLETED BY REGISTRAR

Program Name: \_\_\_\_\_  
 Registration Date: \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_  check  cash  
 Registered by: \_\_\_\_\_  
 Family Plan: \_\_\_\_\_  
 Others registered on Family Plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Willing to help as:  Coach  Team Manager  
 Official  Field Layout  Concessions  
 Telephone  Program Book  
 Sponsor \$ \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

\_\_\_\_\_  
PLEASE INITIAL **REFUND POLICY:** No refunds unless program is cancelled prior to start-up date

\_\_\_\_\_  
PLEASE INITIAL **UNIFORMS/EQUIPMENT:** I (participant/parent) understand that all program chairpersons, commissioners, coaches and particularly participants and parents are responsible for the prompt return of all uniforms/equipment provided by Fallston Recreation Council sponsored programs. Failure to carry out this responsibility will prohibit a participant from enrolling in subsequent programs, and this prohibition will apply to all members of the participant's family, until the uniform(s)/equipment are returned or the program chairperson is reimbursed.

\_\_\_\_\_  
PLEASE INITIAL **INSURANCE:** I (participant/parent) also understand that I/my child will not be covered by any program insurance and agree that I will not hold the team, program, coach, instructor, Fallston Recreation Council, Inc. or Harford County, MD a body corporate and politic of the State of Maryland responsible for injuries received while participating in the above-noted program.

- \_\_\_\_\_  
PLEASE INITIAL **PARENT/PARTICIPANT RESPONSIBILITIES:**
1. Respect the team's coach and abide by his decisions for the team. Do not coach the game from the sidelines nor subvert his authority in any way. You may request to review the program's by-laws at any time and discuss the coach's work performance with the age group commissioner or travel chairman of that program.
  2. Be sensitive from the sidelines. Do not jeer at or attempt to distract members of the opposing team. Refrain from offensive comments to players, coaches, or officials. Spectators exhibiting disruptive behavior will be asked to leave the grounds immediately!
  3. Support the drug-free environment that is important for all youth sporting events. The use of alcohol and tobacco products is strictly forbidden on county property. Violators will be asked to leave the grounds immediately.
  4. Model good behavior, respect all participants, encourage all the children, and keep the proper perspective of youth sports.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_