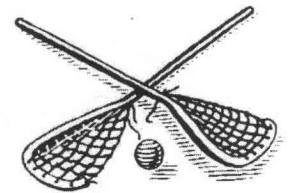




Baltimore County Department of Recreation and Parks  
Cockeysville Recreation Council



**2019 Girls CMS After-School Lacrosse**  
CMS after School Lacrosse teams are now being formed  
2 Teams for 6/7 and 7/8th Grade

**Registrations are limited to the first 20 fully registered participants per team.**  
**Begins the week of 3/4/2019**  
**(Previous Experience Strongly Encouraged)**

- Coordinator:** Robert Bowman      **Email:** robebowm@gmail.com  
**Equipment:** *Mandatory for evaluation and play:* Protective eye wear, stick, mouth guard, water, a desire to learn and be commitment to the team.  
**Practices:** After school on the CMS fields (days to be determined--practice twice a week) 3:00 -4:30 pm (pickup)  
**Games:** Games scheduled after school against other middle school teams in the Baltimore Co. area.  
 There is a flexible game schedule due to discretion of opposing team schedules.  
**Participation fee:** \$95.00– Checks payable to CRC

These programs are designed to provide a healthy & enjoyable experience for your child. However, they are not licensed daycare programs and are not designed to provide childcare. Therefore, parents are strongly encouraged to discuss attendance expectations with their children. Department staff cannot detain youth wishing to leave anytime.

**Registration form – Girls CMS After-School Lacrosse 2019**

**Mail form and \$95.00 check payable to CRC to:** Mail form to: Robert Bowman, 2906 York Manor Road, Phoenix, MD 21131

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Short Size \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone# \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Cell phone# \_\_\_\_\_ Email: \_\_\_\_\_

**Registration deadline: Feb. 15, 2019**

**ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:**

In case of injury or emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I" for this registration form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform the Recreation Council, in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity. I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

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 on "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.

**Weather Cancellations:** If schools are closed due to inclement weather all recreation programs are canceled. If there is a snow emergency plan in effect after school hours all recreation programs are canceled. Please listen to WBAL 1090 AM Weather line or visit [www.cockeysvillereccouncil.org](http://www.cockeysvillereccouncil.org) **Travel:** This program participates in leagues/tournaments governed by a non-recreational council body.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this 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 information provided in this registration form is incorrect or changes through the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my drivers license, passport, or United States Visa to the activity 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: \_\_\_\_\_