

Central Carroll Recreation Council Registration Form

Participant's Name _____

If minor, Parent's Names _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Email Address _____ Birth date ____-____-____

Age ____ GRADE in at START of program ____ Male ____ Female ____

Emergency Contact & Phone # _____

Please explain any medical or behavioral problems _____

I release the Central Carroll Recreation Council and the Carroll County Government from any and all claims or liability arising from the program, the instructor or any other person participating in the program. I also agree to comply with the Carroll County Department of Recreation and Park's Youth Sports Standards posted at Sandymount and Mechanicsville Elementary Schools and online at www.centralcarrollrec.org.

Signature (Parent or Guardian if minor) _____

For sports programs ONLY: please note uniform shirt size - circle one (shirts run small)

YM (10-12) YL(14-16) AS(34-36) AM(38-40) AL(42-44) AXL(46+)

Prior Experience? Yes ____ No ____ # of seasons _____

Evenings participant is NOT available _____

WE NEED VOLUNTEERS! (please circle one): Coach Asst. Coach Referee/Umpire

Fundraising Concessions

Program Name	Program #	Fee

MAIL WITH CHECK payable to **Central Carroll Recreation Council** to:

SRC, P.O. Box 658, Finksburg, MD 21048