

JOPPATOWNE RECREATION COUNCIL, INC. REGISTRATION FORM

RAY FISHER SENIOR SOFTBALL LEAGUE ● TUESDAY & THURSDAY NIGHTS

2021 SPRING/SUMMER REGISTRATION FORM

Registration forms and fees must be returned by 2/26/21. The fee to play is \$95.00 per league. If you wish to play on both nights, you need to write two different checks. *Make checks payable to: Joppatowne Recreation Council, Inc. and mail to: Mike Laird, 3058 Ebbtide Drive, Edgewood, MD 21040.* Games will be played at Magnolia Middle School at 6:00 PM. The season will begin on April 6th 2021 and April 8th 2021 respectively. Tournament play for both leagues will finish by 7/29/2020. Teams will be formed by using a player's position and their ability to play that position. Your safety will be considered in filling rosters and your seniority will also be considered. Teams will be limited to 16 players each. If you need more information, contact Mike Laird at 410-322-7722. **Website:** www.hcseniorsoftball.com

Participant's Name: _____ Gender: Male | Program: Harford County Senior Softball

Address: _____
street city state zip code

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Date of Birth: _____ Age in 2021: _____ E-mail Address: _____

Any physical conditions / allergies / health concerns? _____

Special Requests: _____ **Jersey Size: MEDIUM – LARGE – XL – 2XL – 3XL – 4XL**

Please list: #1 Position: _____; #2 Position: _____ that you wish to play in the field.

PROGRAM USE ONLY:

Registration Fee: \$ _____ Total Amount Collected: \$ _____ Check # _____ Cash _____

PARTICIPANT AGREEMENT AND RELEASE FORM

WAIVER: In consideration of the services of the Joppatowne Recreation Council, Inc., and Harford County their officers, agents, volunteers, participants, directors, employees, and all other persons or entities acting in any capacity on their behalf (hereafter collectively referenced as "JRC"), I hereby agree to release and discharge JRC, on behalf of myself, my spouse, my children, my heirs, assigns, personal representatives and estate as follows: I acknowledge that the program requested entails known and anticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I also acknowledge that there are risks to this activity that are also unforeseeable. Furthermore, I understand and acknowledge that JRC seeks safety, but they are not infallible. I expressly agree and promise to accept and assume all of these risks as well as unforeseeable risks that might occur when I and/or my child is participating in this activity. My participation in this activity and/or my child's participation in this activity is purely voluntary, and I elect to participate and/or have my child participate in spite of the risks, known and unknown, foreseeable and unforeseeable. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless JRC from any and all claims, demands, or causes of action, which are in any way connected with my participation and/or my child's participation in this activity or my use and/or my child's use of JRC equipment, our own equipment, or JRC used facilities, including any such claims which allege negligent acts or omissions of JRC. Should JRC or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless them for all such fees and costs. I certify that I have adequate personal insurance to cover any injury or damage I sustain and/or my child may sustain while participating, or else I agree to bear the costs of such injury or damage to myself and/or my child. I further certify that I have no medical or physical conditions and/or my child has no medical or physical conditions that could interfere with participation in this activity, or else I am willing to assume, and bear the costs of all risks that may be created, directly or indirectly, by any condition. By signing this document, I acknowledge that if I or my child sustains an injury and/or property is damaged during my or my child's participation in this activity, I may be found by a court of law to have waived my right, my spouse's right and my child's right to maintain a lawsuit or claim against JRC because I have intended to release them by signing this document. I have had sufficient opportunity to read this entire document and I understand it. In consideration of my child being permitted by JRC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless from any and all claims which are brought by and/or on behalf of Minor, by any entity, and which are in any way connected with such use or participation by Minor in the JRC activities. I also agree to all the terms and conditions of this entire agreement on behalf of my minor child I further agree to be bound by its terms.

PARTICIPANT AGREEMENT: Parent/Participant also acknowledges and agrees: (1) to respect the team's coach and abide by his/her decisions for the team, to not coach the game from the sidelines nor subvert his/her authority in any way, and direct all issues or complaints to the age group commissioner or program chairman; (2) to strictly adhere to the JRC Code of Conduct and all Rules governing use of School/County facilities, **to refrain from offensive comments to players, coaches, or officials.** Spectators exhibiting disruptive behavior, or violating the Code of Conduct or rules will be required to leave the grounds immediately! (3) to permit the use of participant's/my child's likeness (e.g. photos) and/or name in advertisements and literature and/or to be posted on the website for the above program; (4) to return all rented or borrowed equipment when notified to do so, the failure of which will result in forfeiture of any deposit, and being barred from future registrations in any/all JRC programs. It is the player's responsibility to make sure they are in satisfactory physical condition to play in this league. In accordance to Maryland law, I hereby acknowledge that I received the information regarding concussions published by the United States Department of Health and Human Services Center for Disease Control and Prevention (CDC). For additional information I understand that I may call 1-800-232-4636 or go to www.cdc.gov/concussioninyouthsports.

Participant Signature _____

Date _____