

**PERRY HALL RECREATION COUNCIL
 PROGRAM REGISTRATION FORM**

Year 200__ Program_____ Returnee ^{Yes No} [] [] Reg Fee \$ _____
 Name _____ Date of Birth ____/____/____
 Address _____ City _____ Zip _____
 Phone # _____ Emergency # _____ Wgt _____

(Football/Wrestling only)

The Perry Hall Recreation Council does not carry insurance to cover participants. The parent/guardian must assume all risks including transportation to and from activity and also waive any liability against the Perry Hall Recreation Council and it's personnel and volunteers for any injuries arising out of the participants participation. Please advise if there are any medical or health factors that might affect you/ your child's participation in this activity

HEALTH FACTORS: _____

I hereby state that I/my child am/is in good health and able to participate in this program. I further acknowledge that I have read and fully understand the above mentioned facts, as well as the Parents' Code of Ethics and the fact that the Baltimore County Department of Recreation and Parks and the Perry Hall Recreation Council do not provide nor request background checks on volunteers or paid instructors. I hereby release the Baltimore County Department of Recreation and Parks and the Perry Hall Recreation Council and all persons affiliated with either organization from any liability as a result of my/my child's participation in the above activity. I certify that all answers, to the best of my knowledge, are true and correct. I understand registration fees are non-refundable.

SIGNATRUE: _____ DATE _____

PARENT/PARTICIPANT (if 18 or older)

Father will help: [] Mother will help []

I am interested in becoming a volunteer official []