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 _____

Program Name you are registering for:	Program #	Fee

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 Parks Youth Sports Standards posted at Sandymount Elementary School & Mechanicsville Elementary School.

Signature (Parent or Guardian if minor) _____

Sports programs ONLY: 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

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

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

Register On-line