



St. Mary's County Department of Recreation and Parks
 Leonardhall Team Registration Form
 23150 Leonard Hall Dr. P.O. BOX 653
 Leonardtown, MD 20650
 (301) 475-4200 *1830

LEAGUE: _____ TEAM NAME: _____ DIVISION: _____ CODE: _____

COACH NAME: _____ ASSIST.COACH: _____ COACH HOME PHONE #: _____

EMAIL ADDRESS: _____ COACH CELL PHONE #: _____

COACH ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

AMOUNT: \$ _____ CHECK NUMBER: _____ MONEY ORDER NUMBER: _____ CASH AMOUNT: \$ _____

PLAYER'S NAME	ADDRESS	PHONE #	D.O. B	ADULT SIGNATURE ***

*** BY SIGNING THIS FORM YOU ARE AWARE OF THE INDEMNIFICATION STATEMENT BELOW; MINORS MUST HAVE A PARENT/GUARDIAN SIGNATURE

Release and Waiver of all Claims: The Undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, St. Mary's County Government/Department of Recreation and Parks from any liability or claim that participant may have against St. Mary's County Government with respect to any bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of St. Mary's County Government/Department of Recreation and Parks or its officers, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands there are inherent physical risks associated with activities and programs and that, St. Mary's County Government does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage.

I also authorize the Commissioners of St. Mary's County (including its departments, boards, commissions, agents, employees and volunteers when authorized by the Commissioners of St. Mary's County or by the Director of Recreation and Parks) to use my image and/or voice in any media form (including, but not limited to, cable television broadcasts, videos, internet communications, and publications). I release the Commissioners of St. Mary's County from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

Do you or does the participant have any special need that requires accommodations? Yes ___ No ___ (If, Yes please provide details below) _____

Coach Signature: _____ Print Name: _____ Date: _____