



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 x1830

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 IDEMNIFICATION STATEMENT BELOW; MINORS MUST HAVE A PARENT/GUARDIAN SIGNATURE  
 My child and / or I agree(s) to participate in this /these program(s) knowing that proper safety precautions will be taken, but realizing that there is inherent risk involved in participation in recreational activities and realizing that the St. Mary's County Department of Recreation and Park is not providing accident or hospitalization insurance for the participants of this program. I do hereby release and hold harmless St. Mary's County, its officials, employees, instructors, and volunteers from any and all liabilities (including attorney fees and court costs) arising from any injuries that might occur during the supervised program(s). I also authorize St. Mary's County Department of Recreation and Parks to take photographs of me/my children for promotional and/or education purposes. It is hereby stated and declared by me that the released information stated is freely, willingly, and voluntarily made. I have read and agree to the refund policy found below.

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

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Coach Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_