



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 Fax (301) 475-4108

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: \$ _____
 CREDIT CARD NUMBER: _____ - _____ - _____ - _____ EXPIRATION DATE: __/__/____ SIGNATURE: _____

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

*** BY SIGNING THIS FORM YOU ARE AWARE OF THE IDEMNIFICATION STATEMENT BELOW

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) _____

Coach Signature: _____ Print Name: _____ Date: _____