



Charles Carroll Recreation Council
Carroll County Department of Recreation and Parks
www.charlescarrollrec.org

2009 FALL SOCCER PROGRAM REGISTRATION

WHERE: Charles Carroll Elementary School

WHEN: Saturday, May 16th, 9:00 a.m. – 12:00 p.m.
Saturday, May 30th, 9:00 a.m. – 12:00 p.m.

WHO: Boys & Girls Ages 4 & Up

COST: \$ 30.00 per player for Clinic (Ages 4 & 5)
\$ 45.00 per player for League Players (Ages 6 & Up)
\$ 90.00 Maximum cost per family

Two ways to register:

1. At the school on one of the registration days listed above, or
2. Mail completed registration form and check payable to:
Charles Carroll Recreation Council
C/O Darlene Sadowski
210 Garden Way
Westminster, Maryland 21157

MORE INFORMATION:

Contact Steve Powell at powellshea@comcast.net
or
Darlene Sadowski at ocnjbeachbum1@hotmail.com

Accessibility Notice: The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. If you have questions, suggestions, or complaints, please contact Jolene Sullivan, the Carroll County Government Americans with Disabilities Act Coordinator at 410-386-3600, 888-302-8978 and TT No. 410-848-9747. The mailing address is 10 Distillery Drive, 1st Floor, Suite 101, Westminster, Maryland 21157.

2009 FALL SOCCER REGISTRATION FORM

CHILD'S NAME: _____ M ___ F ___
BIRTH DATE: ___/___/___ AGE: ___ SCHOOL GRADE (2009/2010): ___
ADDRESS: STREET _____ ZIP CODE _____
HOME PHONE _____ ADDITIONAL PHONE _____
E-MAIL ADDRESS: _____

Uniform Size Information (Please Circle):

Jersey Size Y-S, Y-M, Y-L, Y-XL A-S, A-M, A-L, A-XL
Pants Size Y-S, Y-M, Y-L, Y-XL A-S, A-M, A-L, A-XL

My child, _____ has my permission to participate in the activity named above at the time and place indicated at the time of registration. I understand that he/she is subject to the program and recreation council rules of conduct.

The undersigned acknowledges that the Charles Carroll Recreation Council does not provide any registrant medical or hospitalization insurance whatsoever, and hereby waives and all claims against the Council and the Department of Recreation & Parks or any other person affiliated with the recreation council program for injuries sustained while watching or playing games, or traveling to and from games, or participating in any leisure time activity.

PARENT/GUARDIAN SIGNATURE

PARENT / GUARDIAN NAME (printed)

Emergency Medical Information

Player _____ Age _____
Address _____

Parent/Legal Guardian _____ Phone _____
Emergency Contact _____
Relationship _____ Phone _____

Physician _____ Phone _____
Insurance Co. _____ Policy # _____
Medical Information/Restrictions _____

I give permission in accordance with the above, for the Coach or Assistant Coach to do what is necessary to aid my child. In the event that it becomes necessary for my child to be transported and none of the above people can be contacted for advice or consent, I hereby allow for an ambulance or private conveyance to do the same.

Signature of Parent/Guardian _____