

LTRC Over-30 Baseball – www.over30baseball.org
2010 New Player Application
(Please Fill in ALL Blanks)



Office Use Only: Date: Check: Paid: Seq #: Slip d/:
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(Please write legibly)	
First Name	
Middle Initial	
Last Name	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Home Phone	
Work Phone	
Mobile Phone	
Email Address	
Date of Birth	PROOF OF AGE WILL BE VERIFIED
Team	Unassigned Rookie or Free Agent (Unless Protected Player)

*ALL players shall submit legal proof of age to a league officer upon request.
 *The league's rules are available on the internet. ALL players are required to read and abide by these rules.

Make Checks Payable to : LTRC Over-30 Baseball Mail To: Robert Whelen, Treasurer 1130 Hunt Creek Lane Sparks, MD 21152	2010 Registration Fee: \$170
	Total Remitted: _____

Comments or Questions? Please contact Bob Whelen @ Robert_rpw@hotmail.com or 410-404-0374	Returning players are guaranteed to secure their membership through 1/31. Starting 2/1, the league will start accepting applications from new players. All registered and paid applicants will be invited to spring evaluation. Due to limited space, new players are not guaranteed placement on a team but will be placed on a first-on-first-off waitlist.
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Signature: _____ Date: _____

(Please also complete attached Acknowledgement, Waiver and Release of Liability)

LUTHERVILLE TIMONIUM RECREATION COUNCIL

Participant's Printed Name: _____ Activity: **Baseball – Over 30**

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY, I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACITIVITY. I acknowledge Baltimore County, Maryland, the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity Representative" and collectively the "Activity Representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILLY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY.

I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the registration form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVE from any and all claims costs, demands, losses, damages, or expenses associated with, in whole or in part, participants involvement with the activity. I certify all answers and information provided on the registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council, in writing, if any of the information provided in the registration form is incorrect or changes during the course of the activity. I understand Baltimore County and/or the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the recreation council.

Signature of Participant : _____ Date: _____