



Office Use Only:
 Date:
 Check:
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LTRC Over-30 Baseball | WWW.OVER30BASEBALL.COM
2012 Player Registration Form

(Fill Out Both Pages | Print Legibly | ** Required)

First Name**	
Last Name**	
Address**	
City**	
State**	
Zip Code**	
Home Phone	
Work Phone	
Mobile Phone	
Email Address	
Date of Birth**	
Assigned Team Or Free Agent	
Year you joined the League?	

*ALL players shall provide legal proof of age to a league officer upon request.
 * Registration Fee is non-refundable. Refund requests, less the \$9 rec council assessment, will be considered when submitted by April 15th.
 *The league's rules and bylaws are available on the league website. ALL players are required to read and abide by these rules.
 * Player consents for league to display player name and/or photo image on the www.over30baseball.com website.

Make Check Payable to LTRC Over-30 Baseball

Mail To:
Tom Young, Treasurer
2003 Holly Ridge Court
Timonium, MD 21093
 Questions Contact Tom Young at:
 410-949-8492 | tom@over30baseball.com

2012 Registration Fee (check one):
 \$185 Full-time (includes any playoff games)
 \$ 95 Part-time (no playoffs)

Total Remitted: _____

NOTE: Returning players are guaranteed to secure their membership, upon registration and full payment, 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. New players that do not attend the spring evaluation are not assured a roster spot.

******YOU MUST COMPLETE THE "ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY" ON THE BACK OF THIS FORM IN ORDER TO PARTICIPATE IN THE LEAGUE******

LUTHERVILLE TIMONIUM RECREATION COUNCIL

Participant's Name: _____ Activity: **Over-30 Baseball**
(Print Name Legibly)

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 risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at www.cdc.gov/concussions.

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 bodily 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 representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this 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 information provided in this registration form is incorrect or changes through 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: _____