



2012 Baseball Registration Form

Hickory / Fountain Green Recreation Council



Registration Fees (non-refundable)

5-6 and 7-8 Age Groups - \$70 per child
16-19 Age Group - \$135 per child

9-10, 11-12, and 13-15 Age Groups - \$95 per child
Late Fee (after 2/1/12) - \$15

Child's Information

Child's Name _____

Address _____

Child's age (as of 4/30/2012) _____

Date of Birth: _____

Requested Age Group (as of 4/30/11, playing out of age group subject to board approval)

5-6 Clinic 7-8 Clinic 9-10 11-12 13-15 16-19

Coach or Teammate Request (5-6 and 7-8 Clinic **ONLY**) _____

Any Medical Conditions we need to know about? _____

Parent and Contact Information

Primary Contact _____ Secondary Contact _____

Primary/Emergency Phone _____ Secondary Phone _____

Primary Email _____ Secondary Email _____

Program Assistance (Please circle area(s) of interest)

Coach Asst Coach Opening Day Sponsorship

Umpires – Is anyone in your household interested in more information on umpiring for the 2012 Rec. season? They must be a minimum age of 13 years of age. _____ (initial)

I have received, reviewed, and will comply with the HFG Baseball Parents Code of Conduct for 2012 _____ (initial)

In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received and reviewed the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC) available online at <http://www.cdc.gov/concussioninyouthsports>, including the Fact Sheet for Parents, the Fact Sheet for Athletes, and the Fact Sheet for Coaches (if applicable). For additional information, I understand that I may call 1-800-232-4636 or go to <http://www.cdc.gov/concussioninyouthsports>.
_____ (initial)

I, _____, the undersigned Parent / Legal Guardian of _____ do understand that my child will not be covered by any program insurance, and agree that I will not hold the team, program, coach, instructors or recreation council responsible for injuries received while participating in the above noted program.

Parent / Legal Guardian

_____/_____/_____
Today's Date