



BALTIMORE COUNTY  
MARYLAND

Department of  
Recreation and Parks

REGISTRATION (Print Clearly and Fill-in All Blanks)

OVERLEA  
FALL LACROSSE LEAGUE 2011  
MEN'S APPLICATION  
(HIGH SCHOOL GRADES 9 THRU 12 ONLY)

Chairperson: George Nohe

[www.overleafallax.com](http://www.overleafallax.com)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ENTERING GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Most recent playing level (X): Rec ( ) ; F/S ( ) ; JV ( ) ; Varsity ( )

Most recent experience level: 3rd String ( ) ; 2nd String ( ) ; Starter ( )

Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

LEAGUE AGREEMENT:

- I hereby give permission for \_\_\_\_\_ to participate in the 2011 Fall Lacrosse League of the Overlea-Fullerton Recreation Council.
- I will furnish or arrange for transportation of the participant to and from the activities, games, and practices.

MEDICAL INFORMATION:

1. Person(s) to notify in case of emergency (other than parent/guardian):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_\_ Name of Medical Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

**To The Parent/Participant:** For your protection or the protection of your child, please read and complete all information. If the answer to Questions 1 or 2 is "Yes", a medical release form is required.

Any medical, psychological, or behavioral conditions we should be aware of (bee stings, food allergies, etc.)? \_\_\_\_\_

- Are there any medical or health factors or limitations that might affect participant's performance in this activity? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is participant taking any medications or have a condition that might affect participant's safety or performance in this activity? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is participant required any special accommodations (due to disability) to participate in this activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

In case of emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I" for this Registration Form) give permission for any activity representative to call 911 and transport participant to a hospital. I shall inform the Recreation Council, in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity.

Signature of participant or, if minor, of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Cut along dotted line and mail in top section)

REGISTRATION INFORMATION

All registration forms must be received at the below listed address prior to the cutoff date of August 9, 2011. **Donation \$80.00** - Payable to Overlea Fullerton Recreation Council (OFRC). No refund policy. All returned checks will be assessed a \$35.00 cost payable to OFRC (cash, money order, or certified check).

In order to afford each player a maximum amount of playing time, there is a limit to the number of players assigned to a position on a team (i.e. two goalies/team). Applications are prioritized for placement on teams by the date that they are received by the League. When the number of players allotted for a particular position is reached, all further applications are placed on a waiting list in the order in which they are received.

High school graduates not eligible. No equipment will be provided by the league. All players will be notified of the first practice by their coach.

**Schedule:** August 9, 2011 - Application Due Date (No attendance required). Any player whose application is received after August 9 will be placed on a team if space is available.  
August 28, 2011 - Practice (Sunday)  
September 11 to October 30, 2011 - Games (Sundays)

**Times:** 9:00 AM, 10:15 AM, 11:30 AM

**Location of Games:** Fullerton Recreation Field  
(Upper & lower fields)  
4304 Fullerton Avenue  
Baltimore, MD 21236

**Weather Info:** 410-665-OFRC  
[www.overleafallax.com](http://www.overleafallax.com)

**Mail applications to:**  
**Phone:**  
**Fax:**  
**E-Mail:**

**Overlea Fall Lacrosse League**  
**8705 B Fowler Avenue**  
**Baltimore, MD 21234**  
**410-668-0674**  
**443-320-9892**  
**[johnjordan@gmail.com](mailto:johnjordan@gmail.com)**  
**(e-mailed applications will not be accepted)**

Should you require special accommodations (i.e. sign language interpreter, large print, etc.) please give as much notice as possible by calling the Rec. office at 410-887-5307 or the therapeutic office at 410-887-5370 (voice) 410-887-5319 (TT/Deaf).

"This program is designed to provide a healthy and enjoyable leisure experience for your child. However, it is not designed to provide childcare. Therefore, parents are encouraged to discuss attendance expectations with their children. Department staff cannot detain youth wishing to leave at any time.

Form Continued On Reverse Side

**ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:**

I HEREBY CONFIRM THE 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 HERELBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. I acknowledge Baltimore County, Maryland, and 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 PARTICIPATION OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THIS 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 the Registration Form is 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 (if over 18) OR Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Relationship to Participant

**OVERLEA FULLERTON RECREATION COUNCIL  
BALTIMORE COUNTY DEPT. OF REC. & PARKS**

