

TERRENCE B. SHERIDAN
Chief of Police



BALTIMORE COUNTY POLICE
Headquarters
700 East Joppa Road
Towson, MD 21286
(410) 887 - 2214
Fax (410) 821 - 8887
bcopd@baltimorecountymd.gov
www.baltimorecountymd.gov/police

Registration for _____ Basketball Clinic

Child's Information: (please print)

LAST FIRST MIDDLE NICKNAME

ADDRESS: (CITY/TOWN, STATE, ZIP CODE) PHONE NUMBER

DOB: _____
(Proof of age required) SCHOOL/GRADE IDENTIFYING MARKS

Parent/Guardian Information:

NAME: parent / guardian (circle one) E-MAIL

ADDRESS: (CITY/TOWN, STATE, ZIP CODE)

PHONE home work cell/ pager

Emergency Contact Information:

NAME RELATIONSHIP PHONE

INSURANCE INFORMATION (company & policy #)

Are there any medical or health factors that might affect your child's safety or performance in any Police Basketball Clinic activity?

NO YES

If yes please explain: _____

In case of injury or emergency, I for myself and/or participant (if participant is minor/child), and my personal representative, heirs and assigns, (severally and collectively "I" for this registration form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform the police staff, 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.

Parent/Guardian's Signature **Date**

Staff member's signature **Date**

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Please read each of the following statements and initial each one indicating that you understand what you have read.

- _____ I understand that the Police Basketball Clinic center is a sign-up and/or **“Drop-in”** program, not a day or evening care facility and my son/daughter is **Free** to leave the center at any time.
- _____ I understand it is the parents/guardians responsibility to set the rules with their child about coming to and leaving the Police Basketball Clinic.
- _____ I understand that once my child leaves the Police Basketball Clinic and/or any program/activity, they are no longer considered to be under the supervision of the Police Basketball Clinic staff.
- _____ I will not hold the Police Basketball Clinic staff, sponsors, organizers, supervisors, volunteers or participants responsible for any injuries or any unforeseen accident to my child while he/she is participating in, or traveling to or from, any Police Basketball Clinic activity/event.
- _____ I understand that minimal supervision is provided at the Police Basketball Clinic centers.

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity. I acknowledge the activity may involve both apparent and inherent risks and dangers of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risks, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge that 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 give my permission for my child to be photographed while participating in any Police Basketball Clinic activity/event.

I give my permission for any photographs, images or digital prints of my child to be used in any manner by the Police Basketball Clinic and other organizations/agencies that are affiliated with or work in partnership/collaboration with the Baltimore County Police Department.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this Registration Form. I hereby expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant’s involvement with the activity. I shall inform the Police Department in writing if any information provided in this Registration Form is incorrect or changes through the course of the activity. 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.

Rules and regulations:

- *No criminal activity of any kind.*
- *No fighting*
- *No inappropriate touching of any kind*
- *No disrespect to anyone!*
- *No lying, cheating or stealing*
- *No foul or vulgar language.*
- *No action deemed inappropriate by any staff member or volunteer.*

Non-compliance to these or any rules posted in the center can and may result in suspension/expulsion from the Police Basketball Clinic program.

Note: Suspension or Expulsion from a Police Basketball Clinic includes all Baltimore County Police Basketball clinics.

These rules and regulations are subject to change by the Police Basketball Clinic staff and/or Administration. The goal of Police Basketball Clinic is to provide a safe and constructive environment for children to come and interact with other children, and to participate in educational/athletic activities under the guidance and supervision of recreation coordinators, police officers, counselors and other caring volunteers.

_____	_____
Parent/Guardian’s Signature	Date
_____	_____
Staff member’s signature	Date

→ COMPLETE SECOND PAGE ←