



Maryland STARS Fastpitch Softball Registration (2008/2009)

www.marylandstars.org

2008/2009 Age Group: _____

(Please print clearly)

Name: _____ Age as of 12/31/2008: _____ Birth date: ____ / ____ / ____

Address: _____ City, State: _____ Zip code: _____

School: _____ Grade: _____

Parent (s) or Guardian Name: _____

Phone: Home: _____ Work: _____ Emergency: _____

Phone: Cell 1: _____ Cell 2: _____

Player E-mail Address (print clearly): _____

Parents E-mail Addresses (print clearly): _____

Comments: _____

Uniform Number (1st choice): _____ 2nd Choice: _____ 3rd Choice: _____

Players name: _____ has my permission to participate in the Maryland STARS program. I understand that she is subject to the Winfield Recreation Council and Maryland STARS rules. Any activity involving motion or physical orientation and response, involves a personal risk of injury, over-exertion, or stress. The undersigned acknowledges that risk, recognizes that the Recreation Council and the Maryland STARS provide NO medical or hospitalization insurance, whatsoever for the participant, and waives any and all claims against the Recreation Council, the Carroll County Department of Recreation and Parks, their Agents, Sponsors and institutions providing the facilities for any injuries sustained while watching, participating in or traveling to and from Winfield Recreation Council or Maryland STARS activities.

Parent or Guardian Signature: _____ Date: _____
