

# THE EASTERN BALTIMORE COUNTY OVER 40 BASEBALL LEAGUE

## INSTRUCTIONS

The Season Fee to participate in the 2018 EBCo40BL is \$150.00.

To reserve your place:

Complete the Player Participation Waiver & Registration Form (next page);

Mail completed Player Participation Waiver & Registration Form, with your check or money order for \$150.00, made payable to **Dundalk-Eastfield Recreation Council**, to:

EBCo40BL  
c/o Eugene Beres  
222 Armstrong Lane  
Pasadena, MD 21122

Again, your check should be made payable to: **Dundalk-Eastfield Recreation Council.**

# THE EASTERN BALTIMORE COUNTY OVER 40 BASEBALL LEAGUE

(A proud member of The Dundalk-Eastfield Recreation Council)

## 2018 PLAYER PARTICIPATION WAIVER & REGISTRATION FORM

Name: \_\_\_\_\_  
(first) (last)

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
(home) (cell)

Date of birth \_\_\_\_\_  
(month) (day) (year)

2017 Team Name \_\_\_\_\_

New Players - Prior baseball experience if any \_\_\_\_\_

New Players - Preferred position(s) \_\_\_\_\_

**Registration fee for 2018 is \$150 - Please make checks payable to Dundalk-Eastfield Recreation Council.**

I HEREBY AGREE AND CONSENT to the following parameters as conditions of participation in EBCo40BL:

I will observe all rules as established by the EBCo40BL Baseball program.

I understand that fighting, physical abuse of players, umpires, or spectators, and the use of abusive or offensive language will not be tolerated by the EBCo40BL and violation of this rule could result in my banishment or suspension from the league and forfeiture of all fees paid.

I certify that I am over 40 years of age, or will turn 40 years of age this (2018) calendar year.

I realize that the total responsibility for any injury, accident, incident, illness, or death to me or my person while participating in *ANY* EBCo40BL activity, game, practice including, but not limited to any

EBCo40BL mandated or scheduled functions are solely mine. I fully realize that any costs for any reason is mine.

By signing this agreement, I release EBCo40BL, Dundalk-Eastfield Recreation Council, Baltimore County Department of Recreation and Parks, and/or American Legion Post 38 from any liabilities or cost.

I fully agree that the terms and conditions of this agreement are binding.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_