



2023 Girls After School Soccer at CMS

Baltimore County Department of Recreation and Parks
Sponsored by: Cockeysville Recreation Council

Do you want to play soccer with your classmates and represent your school against other area middle schools?
Join your friends at CMS for a fun season of soccer.

Try-Outs for the A team and the B team to be held Wednesday September 6th and Thursday September 7th, 2023; 3pm-4.15pm at CMS

Girls Coaches: Duncan McNeill, Jeff Schuch
Questions: Contact Coach Duncan at duncanrmcneill88@gmail.com

Equipment needed: Shin guards, cleats, water bottle.

Practices: At the Cockeysville Middle School fields **every Tuesday 3:00pm - 4:15pm**

Games: Games scheduled after school against other teams in the Baltimore County area. We currently have 11 games scheduled, 6 home and 5 away including a showcase A team game against Hereford A team played in the Hereford High School stadium immediately before a Hereford varsity game. Transportation to away games is needed (Carpool with other parents is possible).

Participation, Referee & Uniform fee:

\$100.00 – Checks payable to **CRC**

Registration and fee will be collected once/if the student makes the team.

All grades are encouraged to try-out.

Please Note: This is NOT a BCPS sponsored activity.

~~~~~

---

**Registration form – After School Soccer at CMS 2023**  
Cockeysville Recreation Council, 9836 Greenside Drive., Cockeysville, MD 21030

**Please return this form to the coaches. \$100.00 check payable to CRC will be collected when the season begins.**

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ / \_\_\_\_\_

Shirt Size \_\_\_\_\_ Shorts Size \_\_\_\_\_

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

Emergency Contact Name & Relationship \_\_\_\_\_

Best phone # \_\_\_\_\_

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

Other current soccer team \_\_\_\_\_

Other fall activities (include days of the week): \_\_\_\_\_

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

In case of injury or 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 an 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. I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

I acknowledge 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 on "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.

Weather Cancellations: If schools are closed due to inclement weather all recreation programs are canceled. If there is a snow emergency plan in effect after school hours all recreation programs are canceled. Please listen to WBAL 1090 AM Weather line or visit

[www.cockeysvillereccouncil.org](http://www.cockeysvillereccouncil.org). Therapeutic: Should you require special accommodations (i.e. sign language interpreter, large print, etc.)

please give as much notice as possible by calling the Recreation Office at 410-887-7734 or the Therapeutic Office at 410-887-5370 (voice) or

410-887-5319 (TT/Deaf). Travel: This program participates in leagues/tournaments governed by a non-recreational council body. Referrals to these organizations are available thru your local recreation office: 410-887-7734.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this 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 this registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes through 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 drivers 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 PARENT or GUARDIAN (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant/Student: \_\_\_\_\_ Date: \_\_\_\_\_