

SECTION 1: Household Information

Recreation & Parks Registration Form

Primary Contact Info	Street Address: _____	City: _____	State: _____	Zip: _____
	Home Phone: _____	Work Phone: _____	Cell Phone: _____	
	Email Address: _____	Email Address #2: _____		
	Adult Last Name: _____	Adult First Name: _____	DOB: _____	/
Adult #2 Last Name: _____	Adult #2 First Name: _____	DOB: _____	/	/
Street Address (if different): _____		City: _____	State: _____	Zip: _____
Emergency Contact (Full Name): _____		Relationship: _____	Phone: _____	
Emergency Contact #2 (Full Name): _____		Relationship: _____	Phone: _____	

SECTION 2: Program Registration

Participant Name (Last, First)	Birth Date	Sex (M/F)	Grade	Shirt Size*	Program Name	Program Code	Fee	Accommodations? (details requested)
	/ /							<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

*Shirt Size Examples: Youth (YS, YM, YL) Adult (S, M, L, XL, XXL)

Total Amount Due: \$

RELEASE AND WAIVER OF ALL CLAIMS: The Undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, St. Mary's County Government/Department of Recreation and Parks from any liability or claim that participant may have against St. Mary's County Government with respect to any bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of St. Mary's County Government/Department of Recreation and Parks or its officers, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands there are inherent physical risks associated with activities and programs and that, St. Mary's County Government does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize the Commissioners of St. Mary's County (including its departments, boards, commissions, agents, employees and volunteers when authorized by the Commissioners of St. Mary's County or by the Director of Recreation and Parks) to use my image and/or voice in any media form (including, but not limited to, cable television broadcasts, videos, internet communications, and publications). I release the Commissioners of St. Mary's County from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional). I understand all programs are subject to cancellation policies if I decided to change enrollment status.

ACCOMMODATIONS: Please indicate if the participant requires accommodations for any medical or behavior conditions, medications, allergies, dietary restrictions or other needs.

PRINT: Participant or Parent/Guardian

SIGNATURE

Date

