

RECREATION & PARKS REGISTRATION FORM

FAX #: 301-475-4108 Mailing Address: P.O. BOX 653, Leonardtown, MD 20650

<u>Adult Registrant or Primary Guardian of Registrant</u>	
First Name: _____	Last Name: _____
Address: _____ City: _____	
State: _____ Zip Code: _____	Home Phone #: _____
Work#: _____	Cell Phone #: _____
Email Address: _____	

<u>Adult Registrant or Primary Guardian of Registrant</u>	
First Name: _____	Last Name: _____
Address: _____ City: _____	
State: _____ Zip Code: _____	Home Phone #: _____
Work#: _____	Cell Phone #: _____
Email Address: _____	

REGISTER BELOW FOR SPONSORED INDOOR SPORTS LEAGUES ONLY

SPORTS	Participant's Name	D.O.B	Grade	Gender	Sport Title	Code	Location Site	Fee

Did your child play last year: Yes ___ No ___ (if yes fill out the team information below)

Team Name: _____ Coach Name: _____

School Attending: _____ Participant T-Shirt Size: (Please Circle One) YM YL AS AL XL XXL

Basket Ball Only: If your child is enrolled in the 4,6 & 8th grade only - Does your child want to play with the same team during this season: Yes ___ No ___

(If NO your child would need to participate in the draft)

COMPLETE THIS SECTION FOR LEISURE PROGRAMS ONLY

Please Register for the following in this section: **Leisure Classes, Swimming, Trips**

LEISURE	Participant's Name	D.O.B	Grade	Gender	Class/Activity Title	Code	Location Site	Fee

INDEMNIFICATION STATEMENT FOR LEISURE, SPONSORED SPORTS & TRIPS: My child and / or I agree(s) to participate in this /these program(s) knowing that proper safety precautions will be taken, but realizing that there is inherent risk involved in participation in recreational activities and realizing that the St. Mary's County Department of Recreation and Park is not providing accident or hospitalization insurance for the participants of this program. I do hereby release and hold harmless St. Mary's County, its officials, employees, instructors, and volunteers from any and all liabilities (including attorney fees and court costs) arising from any injuries that might occur during the supervised program(s). I also authorize St. Mary's County Department of Recreation and Parks to take photographs of me/my children for promotional and/or education purposes. It is hereby stated and declared by me that the released information stated is freely, willingly, and voluntarily made. I have read and agree to the refund policy found below.

SIGNATURE _____ DATE: _____

PARTICIPANT / PARENT

Do you or does the participant have any special need that requires accommodations? Yes ___ No ___ (If, Yes please provide details below)

*St. Mary's County Recreation and Parks is no longer accepting fax in registration forms affective August 24, 2010 due to a higher security. We are recommending customer to register On Line @ www.co.sait-marys.md.us/recreate, Mail-In @ P.O. Box 653, Leonardtown, MD 20650 or Walk-Ins our office.