

ST. MARY'S COUNTY DEPARTMENT OF RECREATION & PARKS - GYMNASTICS REGISTRATION FORM

Address: 21770A FDR Blvd, Lexington Park, MD 20653

Phone: 301-862-1462

Mailing Address: P.O. Box 393, Lexington Park, MD 20653

www.stmarysmd.com/recreate: click on Gymnastics

PLEASE PRINT ALL INFORMATION

Child's Name _____ Circle one Sex M F Home Phone _____

First Last

Mailing Address _____

Street or P.O. Box City State Zip Code

Birthday _____ Age _____ School Attends _____ Grade _____

MM/DD/YYYY

1st Parent/Guardians Name _____ Home Phone _____ Work Phone _____

E-mail Address _____ Cell Phone _____

2nd Parent/Guardians Name _____ Home Phone _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Emergency Contact Name (other than parent) _____ Home Phone _____ Work Phone _____

Do you or your participant require any special accommodations or modifications? Please Circle one **NO** **YES**

If yes please describe _____

Class Choices

Due to the possibility of a full roster, please list three choices you would agree to enroll your child in. Your child will be place in a class of your choice depending on availability.

<input type="checkbox"/>	_____ 1 st choice _____ 2 nd Choice _____ 3 rd Choice _____
	Class Name Day/Time Day/Time Day/Time

Is your participant re-enrolling from the current session? Circle one NO YES If yes, Class _____ day _____ time _____

INDEMNIFICATION STATEMENT: 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 SMCRP&CS 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 SMCRP&CS 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 is stated freely, willing, and voluntarily made. I understand there is a limited refund policy and I will receive the policy upon registration. I also understand that participation in the Gymnastics' Program involves motion, rotation and height in a unique environment, and as such, carries with it a reasonable assumption of risk. Catastrophic injury, paralysis, or even death can result from improper conduct.

Parent Signature

Date

To avoid any delay in processing please complete and sign form; incomplete and unsigned forms will be returned without the registration process being complete. In addition, confirmations will **NOT** be sent. You may assume you are registered in your *first choice* unless contacted otherwise.

An annual registration fee of \$30.00 is to be paid at your first registration, and is renewed each August. **The Registration Fee is non-refundable.** If you are mailing this form please include the required registration fee and drivers license on your check.

**AS OF AUGUST 1, 2010 WE CAN NO LONGER ACCEPT FAXED REGISTRATION FORMS.
IN ORDER TO ACCEPT A CREDIT CARD TRANSACTION, IT MUST BE BY REGISTERING IN PERSON OR ON LINE**