

**SECTION 1: Household Information**

# Recreation & Parks Registration Form

<b>Primary Contact Info</b>	Street Address: _____	City: _____	State: _____	Zip: _____
	Home Phone: _____	Work Phone: _____	Cell Phone: _____	
	Email Address: _____	Email Address #2: _____		
	<b>Adult Last Name:</b> _____	<b>Adult First Name:</b> _____	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**

**PEER ASSISTANT PROGRAM—TR CAMPS**

Participant Name (Last, First)	Birth Date	Sex (M/F)	Grade	Shirt Size*	Program Name	Program Code	Fee	Accommodations? (details requested)
	/ /				<input type="checkbox"/> <b>INSPIRE OR</b> <input type="checkbox"/> <b>NEW HORIZONS</b>			<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).

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

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**PRINT:** Participant or Parent/Guardian

**SIGNATURE**

**Date**



**PEER ASSISTANT EXPECTATIONS:**

In order for peer assistants to participate in the Camp program they must meet several qualifications and hold positive characteristics.

A good candidate for the peer assistant program is an individual who is:

- Able to participate in Camp working with a child or young adults diagnosed with Autism and/or other disabilities
- Capable of handling the responsibilities of working one-on-one with our campers
- Able to communicate well and able to follow the instructor’s directions

Able to assist with any campers if needed.

**PEER ASSISTANT CHARACTERISTICS**

- Reliable and helpful
- Demonstrates a positive attitude
- Is prepared for Camp
- Starts class on time
- Completes assignments
- Has a good rapport with peers
- Seeks guidance if needed
- Allows peers to demonstrate independence
- Shows responsibility

Gives clear instructions

Peer assistants must be the same age or older than the camper/sibling/friend they are accompanying.

Peer assistance is a program designed to benefit both the campers and you, the peer assistant. Being a peer assistant allows you to provide campers extra attention, encouragement, and feedback they may need to experience success. Peer assistants that do not demonstrate the above qualifications and characteristics maybe asked not to return for the duration of the camp program.

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**Parent Signature**  
 By signing this you agree your child can meet the above  
 Expectations of behavior.

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**Date**

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**Peer Assistant Signature**  
 By signing this you agree your can meet the above  
 Expectations of behavior.

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**Date**