

# Anne Arundel County

## Department of Recreation & Parks Registration Form

### WINTER 2009/2010

#### Program Registration Information:

1. PLEASE PRINT ALL INFORMATION
2. See program guide / website for registration options.
3. We reserve the right to cancel or alter programs that do not meet registration requirements.
4. Advance registration for programs is required since most class sizes are limited.
5. Parents are to arrive 5 minutes before the program's closing to pick up your child. Failure to do so may result in a late pick up fee.
6. Make checks payable to "Anne Arundel County Recreation & Parks."
7. When schools are closed due to weather conditions, our programs will be cancelled.

#### Parent/Guardian or Adult Participant:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Participants Name (First/Last): \_\_\_\_\_ New Participant:  No  Yes

If under 18 years of age: Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School Attending: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Number: \_\_\_\_\_ Fee: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Number: \_\_\_\_\_ Fee: \_\_\_\_\_

Trips/Excursions ONLY:  Annapolis  Glen Burnie Traveling With: \_\_\_\_\_

Participants Name (First/Last): \_\_\_\_\_ New Participant:  No  Yes

If under 18 years of age: Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School Attending: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Number: \_\_\_\_\_ Fee: \_\_\_\_\_

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Trips/Excursions ONLY:  Annapolis  Glen Burnie Traveling With: \_\_\_\_\_

**If you have any questions about special accomodation and inclusion or if any participant has a physical/mental condition that may limit his or her participation in our program, please contact Wendy Scarborough at 410-222-7313.**

In consideration of the Department of Recreation & Parks accepting me/my child(ren) in the program, I agree to release & discharge Anne Arundel County, its employees, and agents from any injuries sustained by my child/myself as a result of participation in this program. I agree to indemnify & hold harmless Anne Arundel County, its employees and agents against any liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, its employees and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing disability, including but not limited to allergies. Recreation & Parks will be notified of any such disability/sensitivities in writing prior to attending this program. \*Participants may at some time be photographed for publicity purposes.

\_\_\_\_\_  
Adult Participant's Signature

\_\_\_\_\_  
Parent/Guardian Signature (If under 18)

\_\_\_\_\_  
Date

**MAIL RECREATION PROGRAM REGISTRATIONS TO:**

A. A. Co. Dept. of Recreation & Parks  
 1 Harry S Truman Parkway  
 Annapolis, MD 21401

**MAIL ARUNDEL OLYMPIC SWIM CENTER REGISTRATION TO:**

A. A. Co. Dept. of Recreation & Parks  
 Arundel Olympic Swim Center  
 2690 Riva Road  
 Annapolis, MD 21401

**MAIL NORTH ARUNDEL AQUATIC CENTER REGISTRATION TO:**

A.A. Co. Dept. of Recreation & Parks  
 North Arundel Aquatic Center  
 7888 Crain Highway,  
 Glen Burnie, MD 21061

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