

REGISTRATION FORM

Anne Arundel County Recreation & Parks Registration Form
 1 Harry S Truman Parkway, Annapolis, Maryland 21401
 Phone: 410-222-7313 / 301-261-8036
www.aacounty.org/recparks

PLEASE PRINT

Parent/Guardian: _____ Home: _____ Cell: _____ Work: _____
 Parent/Guardian: _____ Home: _____ Cell: _____ Work: _____
 Participant's Address: _____ City/State/Zip: _____

Parent/Guardian Email Address (program updates & cancellations): _____

Emergency Contact: _____ Home: _____ Cell: _____ Work: _____
 (Other than parent/guardian)

Program Registration:

PARTICIPANTS NAME & PHONE NUMBER	Gender	Date of Birth	Grade as of 8/10	Program Name	Program Number	Fee

Trips & Excursions ONLY (this does not include camp trips):

Traveling With (please include all parties with whom you are traveling): _____ Bus Stop (please circle one): _____ Annapolis _____ Glen Burnie _____

In consideration of the Department of Recreation & Parks accepting me/my child(ren) in their programs, I agree to release & discharge Anne Arundel County, its employees and agents from any injuries sustained by myself/my child(ren) 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 condition, including but not limited to allergies. AACo Recreation & Parks will be notified of any such conditions in writing prior to attending any programs. ***Participants may at some time be photographed for use by Anne Arundel County for publicity purposes.**

PARENT/GUARDIAN OR ADULT PARTICIPANT SIGNATURE _____ Date: _____

Special Needs - If you or your child has been identified with a disability or special needs plan, please contact us for recreation inclusion or adaptive recreation program information or to discuss accommodation. Call 410-222-7313 or TTY users call via Maryland Relay 711 or email RecRegistration@aacounty.org. Two weeks advanced notice of a special needs accommodation is requested.

Special Need/Accommodation: _____

2nd Party Payee Information (if different from parent/guardian):
 Name: _____ Relationship: _____ Phone: _____

Address: _____ City/State/Zip: _____