

REGISTRATION FORM

Anne Arundel County Department of Recreation & Parks

1 Harry S Truman Parkway Annapolis, MD 21401 Phone: 410-222-7313 / 301-261-8036 www.aacounty.org/recparks

PLEASE PRINT

Parent/Guardian or Adult Participant: _____ Date of Birth: _____

Phone: Home _____ Cell _____ Work _____

Parent/Guardian or Adult Participant: _____ Date of Birth: _____

Phone: Home _____ Cell _____ Work _____

Participant's Address: _____

City _____ State _____ Zip _____

Parent/Guardian or Adult Participant Email Address :

(Program Updates & Cancellations) _____

Emergency Contact (Other than Parent/Guardian): _____

Phone: Home _____ Cell _____ Work _____

PROGRAM REGISTRATION

PARTICIPANTS NAME & PHONE NUMBER	GENDER	DATE OF BIRTH	GRADE AS OF 9/24	PROGRAM NAME	PROGRAM NUMBER	FEE

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 and 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.

Parent/Guardian or Adult Participant Signature: _____ Date _____

To ensure appropriate accommodation if you or your child has been identified with a medical condition, disability or special needs plan, please note the information on the registration form. Contact the Registration Office for questions or requests for accommodations. Call 410-222-7313 or TTY users via Maryland Relay 711 or email RecRegistration@aacounty.org.

Special Need/Accommodation: _____

2nd Party Payee Information *(if different from Parent/Guardian)*

Name: _____ Relationship _____ Phone _____

Address: _____

City _____ State _____ Zip _____