## **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

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Parent/Guardian or Adult Partici	Date of Birth:						
			Work				
Parent/Guardian or Adult Partici	pant:			Da	ate of Birth:		
			ll Work				
Participant's Address:							
City							
Parent/Guardian or Adult Par (Program Updates & Cancellation	-						
Emergency Contact (Other than	Parent/G	uardian,	):				
Phone: Home				Cell Work			
PROGRAM REGISTRATION	J	DATE	GRADE				
PARTICIPANTS NAME & PHONE NUMBER	GENDER	OF BIRTH	дS 0F 9/24	PROGRAM NAME	PROGRAM NUMBER	FEE	
n consideration of the Department of Recreation County, its employees, and agents from any injuited Hold harmless Anne Arundel County, its employeed that Anne Arundel County, its employesting disability, including but not limited to a pattending this program.	uries sustain oployees and oyees and a	ed by my d agents a gents car	child/mysel against any l nnot be resp	f as a result of participation in this placed in this placed is a result of such it on sible for any aggravation or injur	orogram. I agree to njury or loss. It is u ry caused as a resu	o indemnit understoo Ilt of a pre-	
Participants may at some time be photograpl	ned for pub	licity pu	rposes.				
Parent/Guardian or Adult Participant S	ignature:				Date		
To ensure appropriate accommodation if you on the registration form. On the registration form. On TTY users via Maryland Relay 711 or email Re	Contact the ecRegistrati	Registrat on@aaco	tion Office fo unty.org.	or questions or requests for accomm	modations. Call 41		
Special Need/Accommodation:							
2nd Party Payee Information (if differer	nt from Par	ent/Guai	rdian)				
Name:			Relation	ship Phone	<u> </u>		
Address:							
City				State	Zip		