

Registration Form

Check here if new address/phone/email. **Please print.** This form may be duplicated.

Parent/Guardian: Last Name _____ First Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Gender m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time

If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature _____ Date _____