

**County Commissioners of Kent County, MD**  
**Department of Parks and Recreation Elementary After School Program Registration**  
**www.KentParksAndRec.org**

\*Please note this is only the initial registration form, depending on the program you wish to register for additional forms may be required. Your spot will be held pending the completion of the additional forms (if applicable).\*

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_

Program Registration Policies:

1. Please complete 1 (one) registration form for each participant.
2. Registration must be completed in its entirety in order to be accepted.
3. Registration is accepted on a "first come" basis.
4. Refunds for all programs are subject to a \$5 processing fee and may take up to 3 (three) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

**Please return form to:** Kent County Parks and Recreation, 11401 Worton Road, PO Box 67, Worton, MD 21678, [Info@KentParksAndRec.org](mailto:Info@KentParksAndRec.org), Fax: 410-778-4602

Participants Name (First/Last): \_\_\_\_\_  
 (one form per person, program, or trip)

M/F:  Age:  Date of Birth:  Email: \_\_\_\_\_  
 (very important! please print clearly)

Parent's or Guardian's Full Name (if applicable): \_\_\_\_\_

Parent's or Guardian's Full Name (if applicable): \_\_\_\_\_

Physical/Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:  Work Phone:  Cell Phone:

Emergency Contact:  Phone Number:

Program/Class/Trip: \_\_\_\_\_

Session(s) (if applicable): \_\_\_\_\_

Location (if applicable): \_\_\_\_\_

Fee: \$

**Make all Checks and Money Orders payable to County Commissioners of Kent County, MD**

If you submit your registration via email or fax you will receive a confirmation that it was *received*. **Payment must be received within 7 (seven) days after that confirmation before you will be officially registered.**

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks and Recreation, its officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the Parks and Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks and Recreation. In addition I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Participant Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_  
 \*If emailing - signature will be due the first day of the program\*

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Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Conf date: \_\_\_\_\_  
 Scholarship: \_\_\_\_\_ Additional Forms Required: \_\_\_\_\_  
 Date entered in ActiveNet: \_\_\_\_\_ Initials of Staff: \_\_\_\_\_  
 Date Withdrawal Form Received: \_\_\_\_\_ Refund Date (if applicable): \_\_\_\_\_ Office Manager Initials: \_\_\_\_\_  
 Amount Refunded: \_\_\_\_\_ Date Refund Submitted to Finance Department: \_\_\_\_\_  
 If any part of the Registration Fee is retained by the Department, please explain: \_\_\_\_\_



**County Commissioners of Kent County, MD**  
**Character Counts at Department of Parks and Recreation**  
**Conduct Code Agreement**

As a participant in any Kent County Parks & Recreation program your child is expected to exhibit appropriate behavior at all times while participating, spectating, or attending any program or activity sponsored by the department. ***Character Counts at Kent County Parks & Recreation! We promote the six pillars of good character.*** The following participant regulations are designed to provide safe and enjoyable activities for ALL participants.

**PARTICIPANTS SHALL:**

1. Show **respect, fairness** and a sense of **caring** to all participants, program staff, supervisors and or guests.
2. Take direction from program staff/supervisors.
3. Refrain from using abusive or foul language
4. Not cause bodily harm to self, other participants, or program staff/supervisors.  
***(Threats and or physical violence of any type WILL NOT BE TOLERATED and is means for immediate dismissal no exceptions.)***
5. Refrain from damaging equipment.
6. Refrain from vandalism of property/ equipment.
7. Remain with his/her group and or supervisor at all times. Be **responsible** and **trustworthy**.
8. Abide by the program site policies and regulations. And, display at all times good **citizenship**.

**CONDUCT REPORTS WILL BE ISSUED WHEN VERY AGGRESSIVE, DANGEROUS, PERSISTENT OR UNCONTROLLABLE POOR BEHAVIOR IS EXHIBITED.**  
**APPROVED DISCIPLINE MEASURES WILL BE:**

Time Outs: Participant will be asked to sit out, from an activity, for a short period of time.  
Loss of privileges: Participant will lose privileges such as choice of game or activity.  
After three written conduct reports suspension from the program for one week.  
Upon a fourth conduct report, or a single severe behavior problem, dismissal from the program indefinitely.

Please sign below as an indication that you have read, understood and encourage your child to abide by the Code of Conduct. By signing below, you understand the discipline procedures for misbehavior by your child.

PARTICIPANT SIGNATURE: \_\_\_\_\_  
(Children ages 6 and older must print or sign own name. Parent must not complete for child.)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**County Commissioners of Kent County, MD  
Department of Parks and Recreation  
Child Pick Up Authorization**

\_\_\_\_\_  
Name of Child

Please check the program your child attends:

\_\_\_ Afterschool Program (**Check School** \_\_\_ GALES \_\_\_ HHGES \_\_\_ MES \_\_\_ RHES \_\_\_ WES)

Individuals listed below are authorized to pick up my child.

Name	Relationship to Child	Phone

I understand Kent County Parks & Recreation will not release my child to anyone not listed above and **it is my responsibility to update this list** as needed.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_