

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

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

FOR OFFICE USE ONLY

Program Registration Policies:

1. Please complete one (1) registration form for each participant or register online at KentParksAndRec.org for a nominal fee.
2. Registration must be completed in its entirety 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 two (2) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

Date Received: _____
Time Received: _____
Staff Initials: _____

**Please return form to:** Kent County Parks and Recreation, 11041 Worton Rd, P.O. Box 67, Worton, MD 21678

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 Check or Money Order payable to County Commissioners of Kent County, MD**

Registration fee must accompany registration form to secure spot. If applying for a scholarship, fully completed application and all required supporting documents must accompany registration form.

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, it's 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/video my (or my child's) participation for the purpose of archives and advertising.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant Signature Date Parent/Guardian Signature (if under 18) Date

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Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Confirm. 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 expectations 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 grounds for immediate dismissal.)***
5. Refrain from damaging or vandalizing equipment or property.
6. Remain with his/her group and supervisor at all times. Be **responsible** and **trustworthy**.
7. Abide by the program site policies and regulations. And, display good **citizenship** at all times.

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

1. Time Outs: Participant will be asked to sit out, from an activity, for a short period of time.
2. Loss of privileges: Participant will lose privileges such as choice of game or activity.
3. After three written conduct reports suspension from the program for one week.
4. 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

