

**County Commissioners of Kent County, MD
 Department of Parks and Recreation General 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

Program Registration Policies:

1. Please complete one (1) 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 three (3) 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, 11401 Worton Road, PO Box 67,
 Worton, MD 21678, 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 seven (7) 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: _____