County Commissioners of Kent County, MD
Department of Parks & Recreation General Registration
www.KentParksAndRec.org

Please note that this may be 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).

Registration Policies:

1. Please complete one (1) registration form for each participant and mail with payment, or for a nominal fee, register online at KentParksAndRec.org or register in person at the Community Center (no form required).
2. Registration must be completed in its entirety to be accepted.
3. Registration is accepted on a first come first served 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.

FOR OFFICE USE ONLY
Date Received: _____
Time Received: _____
Staff Initials: _____

If mailing registration, please form with payment to: Kent County Parks and Recreation, 11041 Worton Rd, P.O. Box 67, Worton, MD 21678

PLEASE PRINT CLEARLY

Participant First & Last Name / Nick Name (if any): _____ / _____

M/F: _____ Age: _____ Date of Birth: ___/___/___ Email: _____

(very important to be able to contact you with updates - please print clearly)

Parent/Guardian Full Name (if applicable): _____

Parent/Guardian Full Name (if applicable): _____

Physical and Mailing Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact/ Relationship: _____ Phone Number: _____

Do you have any medical conditions staff should be made aware (Diabetes, Epilepsy, Asthma, Heart Conditions, Frequent Ear Infections, Fevers, etc.)?

_____

Program/Class/Trip Name: _____

Session(s) (if applicable): _____

Program Location (if applicable): _____

Fee (if applicable): $ _____ **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

---***FOR OFFICE USE ONLY***---

Amount Paid: $_____ Date: _____ Cash/Check #: _____ Staff Initials: _____ Confirmation Date: _____

Scholarship: _____ Additional Forms Required: _____

Date Entered in ActiveNet: _____ Staff Initials: _____

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, please explain: _____