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

Kids Room Emergency and Medical Information Registration

Program Registration Policies:

1. Complete one (1) form for each child care will be provided. Form expires one (1) year from date signed.
2. Registration must be completed in its entirety to be accepted.

Return form to: Kent County Parks and Recreation, 11401 Worton Road, P.O. Box 67, Worton, MD 21678

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

General Information

PLEASE PRINT CLEARLY

Child's First and Last Name

M/F: Age: Date of Birth: Nick Name (if any):

Parent/Guardian First and Last Name:

Parent/Guardian First and Last Name :

Mailing Address:

City/State: Zip:

Home # Work # Email:

*Cell #

* **Must be provided in order to reach you during program hours.**

Session(s) (if applicable):

Location (if applicable):

Fee: $

Medical/Health Information

Does your child have any allergies? (If yes, please list)

Does your child take any medications? (If yes, please list)

Does your child have any behaviors that staff should be made aware (ADHD, ADD, ODD, etc.)?

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

Medical Insurance Carrier: _____ Group/Policy #: _____

Emergency Contacts * Must be provided in order to reach you during program hours.

Please list two (2) persons, other than the parent/guardian.

Emergency Contact #1 Name: _____

Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: _____

Name Relationship to Child Phone Numbers

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 of 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: _____ Conf date: _____

Scholarship: _____ 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: _____