

County Commissioners of Kent County, MD  
Department of Parks and Recreation  
Youth Swim Lessons Registration

Please complete this form in its entirety for each child who will be enrolled.

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**

PLEASE PRINT CLEARLY

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 \_\_\_\_\_

\*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: \_\_\_\_\_ 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: \_\_\_\_\_