

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

11041 Worton Rd., P.O. Box 67, Worton, MD 21678 * info@KentParksAndRec.org
KentParksAndRec.org * Facebook.com/KentCountyCommunityCenter

Tumbling & Movement Registration

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

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: _____

Medical/Health Information
Does the participant have any allergies? (If yes, please list) _____

Does the participant take any medications? (If yes, please list) _____

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

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

Medical Insurance Carrier: _____ Group/Policy #: _____
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.

Emergency Contacts * Must be provided to reach during program hours if needed.

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 County Commissioners of Kent County, 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 County Commissioners of Kent County from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of County Commissioners of Kent County its officers, directors, employees, and agents. 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: _____

P
L
E
A
S
E
P
R
I
N
T
C
L
E
A
R
L
Y