

**County Commissioners of Kent County, MD \* Department of Parks & Recreation**  
 11041 Worton Rd., P.O. Box 67, Worton, MD 21678 \* info@KentParksAndRec.org  
**Track & Field 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.

|                            |       |
|----------------------------|-------|
| <b>FOR OFFICE USE ONLY</b> |       |
| Date Received: _____       | _____ |
| Time Received: _____       | _____ |
| Staff Initials: _____      | _____ |

***If mailing registration, please mail 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:  Male  Female 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: \_\_\_\_\_

Kent County Resident:  Yes  No City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\*\*\*\**(Must be Answered; Will be Verified)*\*\*\*\*\*

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 I 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: \_\_\_\_\_

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# County Commissioners of Kent County, MD

## Department of Parks & Recreation

### Health History Form

\*This form is required. Please type or print clearly\*  
 REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's Name: \_\_\_\_\_

#### This Question Applies to Kiddie, Day, Youth In Action & Leaders Club Camps Only

#### IMMUNIZATION INFORMATION

For campers who reside **within** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides \_\_\_\_\_
2. Is this child exempt from any immunizations?  No  
 Yes, List them: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. Country in which child resides \_\_\_\_\_
2. Attach Department form DHMH-896 (record of vaccination or immunity)

Child's Physician: \_\_\_\_\_  
Name Phone

#### Has participant experienced any of the following?

| Type  | Yes | No | Type                     | Yes | No | Type              | Yes | No |
|---|-----|----|--------------------------|-----|----|-------------------|-----|----|
| Eating Disorder   |     |    | Menstruation Problems    |     |    | Frequent Earaches |     |    |
| Sleeping Disorder   |     |    | Bowel/Bladder Disorder   |     |    | Asthma            |     |    |
| Posture Problems  |     |    | Eye Problems             |     |    | Diabetes          |     |    |
| Dental Problems   |     |    | Wear Glasses or Contacts |     |    | Anemia            |     |    |
| Skin Problems   |     |    | Hearing Difficulties     |     |    | Speech Problems   |     |    |
| Allergies   |     |    | If yes, explain:         |     |    |                   |     |    |
| Illness/Disability  |     |    | If yes, explain:         |     |    |                   |     |    |
| Behavioral Problems   |     |    | If yes, explain:         |     |    |                   |     |    |
| Currently taking Medicine   |     |    | If yes, explain:         |     |    |                   |     |    |
| Additional medical information or special conditions staff should know: |     |    |                          |     |    |                   |     |    |
|   |     |    |                          |     |    |                   |     |    |

Medical Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_  
Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: \_\_\_\_\_  
Name Relationship to Child Phone Numbers

**\*\*If applicable, Emergency Contacts must also be listed separately on the Pickup Authorization Form if also authorized to pick up your child\*\***

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities except as noted. Authorization for treatment: I hereby give permission to certified/licensed medical personnel to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to secure and administer treatment, including hospitalization, for my child as named above.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

**\*IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.**

**County Commissioners of Kent County, MD \* Department of Parks & Recreation  
Academic Requirement and Expectations Acknowledgement**

**Participant**

As a participant in Kent County youth sports, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and my coach to uphold myself to the standards as set forth in the following criteria:

- A grade point average of 2.0/70% or higher
- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in Kent County youth sports until such time that I am reinstated in school. I will work in full cooperation with Kent County Parks & Recreation in this matter.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Parent/ Guardian**

As a parent/guardian of a youth sports participant, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and the team coach to uphold my child/participant to the standards as set forth in the following criteria:

- A grade point average of 2.0/70% or higher
- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in Kent County youth sports until such time that my child/participant is reinstated in school and I will inform both the head coach and the league administration of such suspensions. I will work in full cooperation with Kent County Parks & Recreation in this matter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Shirt/Tank Style Shirt Size: Please Specify Youth or Adult**  
**(Circle One)**

|               |             |                |               |    |   |
|---------------|-------------|----------------|---------------|----|---|
| <u>YOUTH:</u> | Small (6-8) | Medium (10-12) | Large (14-16) |    |   |
| <u>ADULT:</u> | Small       | Medium         | Large         | XL | * Other (Size _____)<br>* Additional cost may apply |

**Jr. Wrestling/Track and Field Level of Experience**  
**(Circle one)**

|                      |                    |                         |                     |
|----------------------|--------------------|-------------------------|---------------------|
| Beginner (0-1 years) | Novice (1-2 years) | Experienced (2-3 years) | Advanced (4+ years) |
|----------------------|--------------------|-------------------------|---------------------|

**County Commissioners of Kent County, MD \* Department of Parks & Recreation  
Youth Sports Waiver, Release of Liability and Uniform Policy**

**Please Read BEFORE Signing**

In consideration of being allowed to participate in any way in Kent County Parks & recreation youth sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; AND
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, and assume full responsibility for my participation; AND
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my/my child's presence or participation, I will remove myself/my child from participation and bring the hazard to the attention of the nearest official immediately; AND
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE COUNTY COMMISSIONERS OF KENT COUNTY, their officers, officials, directors, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASE"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WITH THE EXCEPTION OF IT ARISING FROM THE NEGLIGENCE OF THE RELEASEES.

**For Participants of Minority Age**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

**Photo Consent**

My signature also reflects my permission for my child to be photographed or videotaped for the purposes of advertising and archives for Kent County Parks & Recreation.

**General Youth Sports Uniform/Jersey Return/Replacement Policy**

**Basketball** - The basketball jersey for league play is part of the registration cost and yours to keep after the season has concluded. However, if for any reason your jersey is lost, stolen, ordered wrong size or damaged beyond repair during the playing season a replacement fee of \$15.00 will be charged to replace the jersey. A Kent County Parks and Recreation issued jersey must be worn in order to be eligible to play in any league game or contest.

**Wrestling** - The wrestling singlet uniform is the property of the Kent County Parks and Recreation Department. Uniforms will be issued at the start of the season and collected at the end of the season. Participants are responsible for the care and cleaning of the uniform. Failure to return your uniform at the end of the season or if the uniform is damaged in any way, will result in you being charged the full replacement cost of \$95.00.

**Track and Field** - The track and field jersey is the property of the Kent County Parks and Recreation Department. Jerseys will be issued at the start of the season and collected at the end of the season. Participants are responsible for the care and cleaning of the uniform. Failure to return your jersey at the end of the season or if the jersey is damaged in any way, will result in you being charged the full replacement cost of \$20.00.

\_\_\_\_\_  
Participant's First and Last Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**County Commissioners of Kent County, MD**  
**Department of Parks & Recreation**  
**Youth Sports Code of Conduct**

Failure to comply with these standards may result in disciplinary actions by the following organizations:

- City of Annapolis
- Anne Arundel County
- Arlington County
- City of Baltimore
- Baltimore County
- City of Bowie
- Calvert County
- Charles County
- City of Frederick
- City of Gaithersburg
- City of Greenbelt
- Harford County
- Howard County
- Kent County
- Maryland National Capital Park & Planning Commission
- Montgomery County
- Ocean City
- Queen Anne's County
- City of Rockville
- St. Mary's County
- City of Takoma Park
- Talbot County
- U.S. Lacrosse
- City of Westminster
- Worcester County

***As a Player, I understand that I must follow these rules to stay in good standing:***

1. Respect the game, play fairly and follow rules and regulations
2. Show respect for authority to the officials of the game and of the league
3. Demonstrate good sportsmanship before, during and after the game
4. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media
5. Be courteous to opposing teams and treat all players and coaches with respect
6. Be modest when successful and gracious in defeat
7. Respect the privilege of the use of public facilities
8. Refrain from the use of drugs, tobacco, alcohol and abusive language

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***As a Parent/Guardian, I recognize that parents/guardians are the most important role models for their children, and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:***

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials, at practices and other sporting events
2. Place the well-being of my child before a personal desire to win
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol and abusive language, and refrain from their use during youth sporting events
4. Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials
5. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***As a Coach, I recognize that coaches are role models for their team members & all participants involved in the activity, and that sports help to develop a sense of teamwork, self-worth & sportsmanship. As such, I agree to abide by the following:***

1. Place the emotional and physical well-being of my players ahead of a personal desire or external pressure to win
2. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media
3. Lead by example by demonstrating fair play and sportsmanship to all involved
4. Provide a sports environment for my team that is free of drugs, tobacco, alcohol and abusive language and refrain from their use at all sporting events
5. Respect the game and league officials
6. Be knowledgeable of the league rules and regulations, and teach these rules to all players on my team
7. Encourage my team members to play by the league rules and respect the rights of other players, coaches, fans and officials
8. Be responsible for my own behavior and for the behavior of my team members, their parents and fans

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_