

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

Start Smart 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:

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 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

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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:

Kent County 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: _____