

One form per child. To ensure prompt registration for your child, fill out the form completely.

*Required information

Resident Non-resident

FAMILY INFORMATION:

*Home Phone _____ Cell Phone _____

*Last Name _____ First Name _____ Date of Birth _____ Work Phone _____ M/F _____

(*Main Contact)

(Second Contact)

*Address: _____

New address? Y N Street _____ City _____ State & Zip _____

*Email _____ *Emergency Contact & Phone _____
(Name Other than Parent) (Phone)

PARTICIPANT INFORMATION:

Last Name _____ First Name _____ Date of Birth _____ M/F _____

* _____

Immunizations up-to-date? Y N **Program Modifications:** Participants with disabilities should contact our office prior to activity.

Course#	Program Name	Dates	Fee
# _____	_____	_____	\$ _____
# _____	_____	_____	\$ _____
# _____	_____	_____	\$ _____
# _____	_____	_____	\$ _____
SUB TOTAL:			\$ _____
\$5_____ \$10_____ \$20_____ Contribution to Recreation Fund:			\$ _____
<small>(Help Send a Kid to Camp)</small>			
<input type="checkbox"/> Schedule Payment Plan			TOTAL: \$ _____

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By providing your email address you are agreeing to sign up for the Rockville & Recreation and Parks mailing list to receive email updates about our programs. All information collected will be used in accordance with the City of Rockville privacy policy. You may withdraw your consent at any time.

*Signature of Participant/Guardian _____

PAYMENT Make check payable to: **City of Rockville**

Amount Paid \$ _____ Cash Check # _____

  _____ Exp. Date ____/____

Signature (name on card) _____

OFFICE USE ONLY:

Check _____ Cash _____ Charge _____

Other _____

Processed by: _____

Date Processed: _____

Total Paid: \$ _____