Kent County Parks and Recreation Registration
www.KentParksAndRec.org

Please note this is only the initial registration form, depending on the program you wish to register for additional forms may be required. Your spot will be held pending the completion of the additional forms (if applicable).

Program Registration Policies:

1. Please complete 1 (one) registration form for each participant.
2. Registration is accepted on a "first come" basis.
3. Refunds for all programs are subject to a $5 processing fee and may take up to 3 (three) weeks to process.
4. We reserve the right to cancel or alter programs that do not meet registration requirements.

Please return form to: Kent County Parks and Recreation, 11401 Worton Road, PO Box 67, Worton, MD 21678, Info@KentParksAndRec.org, Fax: 410-778-4602

Participants Name (First/Last): _____

(one form per person, program, or trip)

M/F: ____ Age: ____ Date of Birth: _____ Email: _____

(very important! please print clearly)

Parent's or Guardian's Full Name (if applicable): _____

Parent's or Guardian's Full Name (if applicable): _____

Mailing Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Program/Class/Trip: _____

Session(s) (if applicable): _____

Location (if applicable): _____

# of seats needed (Trips Only) ____

Fee: $ _____

Make all Checks and Money Orders payable to Kent County Parks and Recreation or KCPR

If you submit your registration via email or fax you will receive a confirmation that it was *received*. **Payment must be received within 7 (seven) days after that confirmation before you will be officially registered.**

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

---*for office use only*---

Amount Paid: $_____ Date: _____ Cash/Check #: _____ Staff Initials: _____Conf date: _____

Scholarship: _____ Additional Forms Required: _____