

# KENT COUNTY PARKS & RECREATION

## REGISTRATION FORM

### HOUSEHOLD INFORMATION

PRIMARY  
CONTACT  
INFO

Parent/Guardian #1 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Kent County Resident Yes / No

Address \_\_\_\_\_ City / State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #2 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact / Authorized Pick-up #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact / Authorized Pick-up #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### PROGRAM REGISTRATION

Participant Full Name	DOB	M/F	Shirt Size	Program Name	Fee	Accommodations
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

**PRINT NAME:** Participant or Parent/Guardian \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Accommodations:** Please indicate if the participant requires accommodations for any medical or behavioral conditions, medications, allergies, dietary restrictions or other needs.