

# Kent County Parks and Recreation Registration Form

\*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](mailto: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: \_\_\_\_\_

# Kent County Parks and 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 only applies to Kiddie, Day, Youth In Action, Playground, and Afterschool Participants Only

Maryland School Child Attends: \_\_\_\_\_  
 Grade Child Entering: \_\_\_\_\_  
 MD City School located: \_\_\_\_\_

**Note:** If child is not enrolled in a Maryland school, a copy of his/her CURRENT immunization record or medical contraindication or religious objection must accompany this health form.)

Family Physician: \_\_\_\_\_  

Name
Phone

Date of Last PHYSICAL EXAM: \_\_\_\_\_ Date of Last TETANUS VACCINE: \_\_\_\_\_  
**Both Must be completed- (Month/Year Only) \*\*DO NOT LEAVE BLANK\*\***

**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:					
Currently taking Medicine			If yes, explain:					
Behavioral Problems			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
Relationship to Child
Phone Numbers

Emergency Contact #2: \_\_\_\_\_  

Name
Relationship to Child
Phone Numbers

**\*\*\*Emergency contacts must be listed separately on pick up 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 camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

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

\_\_\_\_\_  
 Date

\*If emailing - signature will be due the first day of the program\*

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

# Character Counts at Kent County Parks and Recreation Conduct Code Agreement

As a participant in any Kent County Parks & Recreation program your child is expected to exhibit appropriate behavior at all times while participating, spectating, or attending any program or activity sponsored by the department. ***Character Counts at Kent County Parks & Recreation! We promote the six pillars of good character.*** The following participant regulations are designed to provide safe and enjoyable activities for ALL participants.

## **PARTICIPANTS SHALL:**

1. Show **respect, fairness** and a sense of **caring** to all participants, program staff, supervisors and or guests.
2. Take direction from program staff/supervisors.
3. Refrain from using abusive or foul language
4. Not cause bodily harm to self, other participants, or program staff/supervisors. ***(Threats and or physical violence of any type WILL NOT BE TOLERATED and is means for immediate dismissal no exceptions.)***
5. Refrain from damaging equipment.
6. Refrain from vandalism of property/ equipment.
7. Remain with his/her group and or supervisor at all times. Be **responsible** and **trustworthy**.
8. Abide by the program site policies and regulations. And, display at all times good **citizenship**.

**CONDUCT REPORTS WILL BE ISSUED WHEN VERY AGGRESSIVE, DANGEROUS, PERSISTENT OR UNCONTROLLABLE POOR BEHAVIOR IS EXHIBITED.  
APPROVED DISCIPLINE MEASURES WILL BE:**

1. Time Outs: Participant will be asked to sit out, from an activity, for a short period of time.
2. Loss of privileges: Participant will lose privileges such as choice of game or activity.
3. After three written conduct reports suspension from the program for one week.
4. Upon a fourth conduct report, or a single severe behavior problem, dismissal from the program indefinitely.

Please sign below as an indication that you have read, understood and encourage your child to abide by the Code of Conduct. By signing below, you understand the discipline procedures for misbehavior by your child.

PARTICIPANT SIGNATURE: \_\_\_\_\_  
(Children ages 6 and older must sign/print own name. Parent must not complete for child.)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Kent County Parks and Recreation  
Child Pick Up Authorization**

\_\_\_\_\_  
Name of Child

Please check the program your child attends:  
\_\_\_\_ Leaders Club    \_\_\_\_ Playground  
\_\_\_\_ Afterschool Program (**Check School** \_\_\_\_ MES    \_\_\_\_ HHGES    \_\_\_\_ WES    \_\_\_\_ RHES    \_\_\_\_ Gal.ES)

Individuals listed below are authorized to pick up my child.

Name	Relationship to Child	Phone
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Name	Relationship to Child	Phone
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Name	Relationship to Child	Phone
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Name	Relationship to Child	Phone
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Name	Relationship to Child	Phone
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Name	Relationship to Child	Phone
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Name	Relationship to Child	Phone
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I understand Kent County Parks & Recreation will not release my child to anyone not listed above and **it is my responsibility to update this list** as needed.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_