



Talbot County Department of Parks and Recreation

Registration Form

PROGRAM INFORMATION

Name of Program _____ Session I____ Session II____ Session III____ Mini Session____
Day (if applicable) Saturday____ or Monday ____ Level (if applicable)____
Program Fee \$_____

PARTICIPANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Parent/Guardian (if applicable)_____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____ Cell Phone _____

M____ F____ Date of Birth _____ Age _____ Grade _____ School _____

Medical Concerns _____

PERMISSION FOR PHOTOGRAPH

Occasionally, photographers will take photos of program participants for publication and/or use on our web site. Please check below if you have a preference for the above name participant regarding to photos.

____ YES, I give permission for the participant. ____ NO, I do not give permission for the participant.

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program(s) offered by the Talbot County Department of Parks and Recreation or any affiliated program.

Signature _____ Date _____

10028 Ocean Gateway . Easton . MD . 21601 . 410-770-8050 . fax 410-822-7107 . www.talbotparksandrec.com

Mini Session

Payment Type:

Date:

Initial:

RecWare:

Session I

Payment Type:

Date:

Initial:

RecWare:

Session II

Payment Type:

Date:

Initial:

RecWare:

Session III

Payment Type:

Date:

Initial:

RecWare: