



Talbot County Parks and Recreation
10028 Ocean Gateway
Easton, MD 21601
410-770-8050

Rick Towle, Director
Parks and Recreation

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Registration Form for Participation in Adult Programs

Name of Participant: _____
Mailing Address _____
Date of Birth: _____ Male _____ Female _____ Home Phone _____
E-mail Address _____ Work Phone _____
Medical Concerns: _____
Emergency Contact: _____ Relationship: _____
Phone Number of Emergency Contact: _____

PROGRAM INFORMATION

Name of Program(s): _____
Day (if applicable): _____ Session (if applicable): _____ Level _____
Time of Program (if applicable): _____
Program Fee \$ _____ Total \$ _____ Payment Type: _____
Credit Card Number: _____ Expiration Date: _____ Zip Code: _____

PERMISSION FOR PHOTOGRAPHS

Occasionally, photographers will take photos of program participants for publication and on our web site. Please check below your preference for the above named participant regarding photos.

YES, I give permission for photos. NO, I do not give permission for photos.

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.

Date: _____

Signature: _____

TALBOT COUNTY DEPARTMENT OF PARKS AND RECREATION

Health History Form

(NOTE: ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

(This side is to be completed by parent/legal guardian of minor) Note: If your child did not attend a Talbot County Public/Private School this year, you may be required to produce additional documents.

Name: _____ Date of Birth ____/____/____ Sex: _____ Age: _____
(last) (first) (m .initial)

Parent or Legal Guardian Name: _____ Phone: (____) _____

Address: _____ Cell/Work # _____

Emergency Contact (1): _____ Phone # _____ Cell # _____

Emergency Contact (2): _____ Phone # _____ Cell # _____

Name of Family Physician: _____ Phone # _____

Date of last physical examination: _____ Date of last Tetanus shot: _____

Health History (Check all that apply)

Frequent Ear Infection _____	Heart defect/Disease _____	Convulsions _____
Diabetes _____	Bleeding/Clotting disorders _____	Hypertension _____
Mononucleosis _____	Psychiatric Treatment _____	

Diseases (Check all that apply)

Chicken Pox _____	Measles _____	German Measles _____
Mumps _____		

Allergies (Check all that apply)

Hay Fever _____	Poison Ivy _____	Insect Stings _____
Penicillin _____	Asthma _____	Other Drugs _____
Other (Specify Below) _____		

Do you carry family medical hospital insurance: YES _____ NO _____

If so, indicate: Carrier _____ **Group or Policy#:** _____

My child requires special accommodations/needs: YES _____ NO _____ Please List: _____

Important – This box Must Be completed for Attendance

This health history is correct so far as I know, 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 select by the camp director to order x-rays, routine tests, treatment, and necessary transportation for me/or 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.

Signature of Parent or Legal Guardian _____ Date _____

Witness _____ Date _____