



# REGISTRATION FORM

Participant's LAST Name \_\_\_\_\_ FIRST \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail address \_\_\_\_\_ Participant's Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Waiver of Liability:** By my signature below, I acknowledge that there are inherent risks and dangers associated with recreation programs, that Carroll County Recreation & Parks does not provide any registrant medical or hospitalization insurance whatsoever, and therefore, I hold Carroll County Commissioners and their agents harmless from all claims of injury, damage, or loss which may result from my, or my child(ren)'s participation in the program/s listed below.

**Authorization for Use of Photographic Likeness:** I agree to allow Carroll County Recreation & Parks to take and utilize photographic images of the registered individual/s for the purpose of promotion and publicizing of the Department programs and/or events. If I prefer to not allow the above registered participant/s to be photographed, I will call 410-386-2103 to register my request.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Participant's Signature (Parent/Guardian's Signature if participant is under the age of 18)

Program Name	Program #	#Attending	Per Person Fee	Total \$
1.				
2.				
3.				
4.				
Comments/Special Instructions:				
<b>SUBTOTAL:</b>				
<b>GRAND TOTAL</b>				

**GRAND TOTAL**

*Please be sure to sign the form above*



Make checks payable to **Carroll County Commissioners** and mail to:  
**Carroll County Department of Recreation & Parks**  
 300 South Center Street  
 Westminster, Maryland 21157