

Summer Camp Registration

Polar Pals Ages 6-8

Grizzly Gang Ages 9-12

Name _____ Phone _____

Address _____ Zip _____

School (Grade) / Occupation _____ Email Address _____

<input type="checkbox"/> Paid
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____
Amount _____
Date Paid _____

Emergency/ Health Issues: In case of emergency, please notify (if minor/child participant, provide parent's information or guardian, as appropriate.)

Name _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Name _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Physician's Name _____ Phone No. _____

Medical Provider _____ Date of last Tetanus Immunization _____

To the Parent / Participant: For your protection or the protection of your child, please read and complete all information.

If the answer to Questions 1 or 2 is "Yes", a medical release form is required.

Any medical, psychological, or behavioral conditions we should be aware of (bee stings, food allergies, etc.)? _____

1. Are there any medical or health factors or limitations that might affect participant's performance in this activity? Yes No

2. Is participant taking any medications or have a condition that might affect participant's safety or performance in this activity? Yes No

3. Is participant required any special accommodations (due to disability) to participate in this activity? Yes No

If yes, please explain: _____

In case of emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I" for this Registration Form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform the Recreation Council, in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity.

Signature of participant or, if minor, of parent/guardian: _____ Date: _____

Permission to Participate

I hereby agree to abide by the rules and regulations as established by the local Recreation and Parks Council, I further agree that when I leave this activity or at its completion, I shall return any and all equipment and uniforms issued to me.

Participant's Signature _____ Date _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I HEREBY CONFIRM PARTICIPANT IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE ACTIVITY. I ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISKS AND DANGER OF BODILY INJURY OR DEATH. I FULLY ACCEPT AND ACKNOWLEDGE THE ACTIVITY MAY INVOLVE RISK AND I HEREBY ASSUME THE RISK AND RESPONSIBILITY FOR ALL DANGERS AND RISKS ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY. I acknowledge Baltimore County, Maryland, the Recreation Council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the Activity or the Activity premises, and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an "Activity Representative" and collectively the "Activity Representatives"), SHALL NOT BE RESPONSIBLE OR LIABLE IN ANY REGARD OR MANNER FOR ANY AND ALL PROPERTY DAMAGE OR BODILY INJURY (INCLUDING SERIOUS PHYSICAL INJURY OR EVEN DEATH) INCURRED BY PARTICIPANT OR ANY PARTY RELATED THERETO AS A RESULT OF HIS/HER PARTICIPATION IN THE ACTIVITY.

I have read, fully understand and hereby freely sign, approve of, and agree to the terms of the Registration Form. I HEREBY UNCONDITIONALLY RELEASE, DISCHARGE, COVENANT NOT TO SUE, WAIVE MY RIGHTS AND REMEDIES, AND AGREE TO HOLD HARMLESS THE ACTIVITY REPRESENTATIVES from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, Participant's involvement with the Activity. I certify all answers and information provided on the Registration Form are to the best of my knowledge true and correct throughout the Activity. I shall inform the Recreation Council, in writing, if any of information provided in this Registration Form is incorrect or changes during the course of the Activity. I understand Baltimore County and/or the Recreation Council do not perform criminal and/or background checks on Activity Representatives. I shall present a government-issued photo identification card including, but not limited to my driver's license, passport or United States Visa to the Activity Representative for review, if requested, at the time I submit this Registration Form to the Recreation Council.

Signature of participant (if over18) OR Parent/Guardian (if under 18) _____

Date _____

Print Name of Signatory _____

Relationship to Participant _____

