

HARFORD COUNTY DEPARTMENT OF PARKS AND RECREATION
 Northern District
 REGISTRATION FORM

RECREATION COUNCIL

NAME _____

Program _____

ADDRESS _____

Date of Registration _____

Zip _____

Paid by cash _____ / check# _____

Home Phone Number _____

Age group registering for: _____

Email: _____

Date of Birth _____

Registration Fee: _____

Emergency Phone Number _____
 (in case parents can't be reached)

Registration Fee (family): _____

 (name)

Registered by: _____

NOTE: Registration Fees are not refundable!

Are there physical conditions or allergies the leader should be aware of?

I understand that I/my child will not be covered by any program insurance, and I agree that I will not hold the team, program, coach, instructor, or recreation council responsible for injuries received while participating in the above noted program. I also agree that I assume financial responsibility for the return or replacement of uniforms and equipment issued to me/my child.

Parent's Signature _____ Date _____
 (Parent's signature is required for participants under 18 years of age.)

Participant's Signature _____ Date _____
 (Adult Programs)

* * * * *
 Did the child participate in this program last year? Yes _____ No _____
 If adult volunteer assistance is needed, would parent(s) be willing to help with the program? _____

T-Shirt size _____

8/9/05