Baltimore County Department of Recreation & Parks and
Reisterstown Area Recreation & Parks Council

REISTERSTOWN RECREATION SKATE PARK CAMP REGISTRATION FORM

(please print)

Last Name | First Name | Initial | Skate Park Memb. # | Birthdate | Age

Address | City | Zip

Home Phone | Work phone | Other

Email address (*please* write clearly) _____

Parents'/Guardians' Names: first name, last name

Person (other than the above) to be notified in case of emergency | Phone number

Address | Relationship to participant

Physician's name | Phone number

To the Parent/Participant:

For your protection or the protection of your child, please read and complete all information. If the answer to Question 1 or 2 is "yes", a medical release is required.

I hereby approve of the terms of this registration form. I further agree that I will not hold Baltimore County, any member of the Recreation and Parks Council, the organizers, sponsors, supervisors, volunteer leaders, or participants responsible for injuries or any unforeseen accident while participating in the above-named activity. I will inform the chairperson of any medical or health factors which may occur or develop which could affect my child's/my participation.

1. Are there any medical or health factors or limitations that might affect your/your child's performance in this activity?
   Yes_____ No_____
2. Are you/your child taking any medications that might affect his/her/your safety or performance in ths activity?
   Yes_____ No_____
3. Does the participant require any special accommodations (due to a disability)? Yes_____ No_____

If Yes, please state special requirements_____

I hereby state that I/my child am/is in good health and able to participate in this program. I further acknowledge that I have and fully understand the above-mentioned facts, including the fact that Baltimore County Department of Recreation and Parks does not provide background checks on volunteers. I certify that all answers, to the best of my knowledge, are true and correct.

I hereby agree to abide by the rules and regulations as established by the local Recreation & 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.

Signature Parent/Guardian or Participant (if over 18) | Date

Please check the box of the session desired. Mail this completed form and payment in full payable to ***RRC - Skate Park Camp*** to the address at right:

SKATE PARK CAMP
REISTERSTOWN RECREATION OFFICE
12035 REISTERSTOWN ROAD, ROOM 205
REISTERSTOWN MD 21136-3042

☐ **Session 1 4/18/11 - 4/22/11 $150.00**

☐ **Session 2 6/27/11 - 7/1/11 $150.00**

☐ **Session 3 7/11/11 - 7/15/11 $150.00**

☐ **Session 4 8/15/11 - 8/19/11 $150.00**