

(Your) Recreation Council

# Program Name

Tuesdays for 8 weeks beginning January 1, 2018

8:30-9:30 p.m.

Location

**\$20/participant**

To register... Complete and mail the attached registration form.

Refund policy... State your councils refund policy if possible.

Any notes: i.e. Registrations are accepted first come first served. Please wear soft-soled shoes, etc.

**For more information, please call (301) xxx-xxxx.**

**Equal Opportunity...** (Your Council) and Frederick County Maryland does not discriminate on the basis of race, color, national origin, sex, religion, age or disability for employment or the provision of services. Individuals requiring special accommodations are requested to call the number above to make arrangements no later than 10 working days prior to the start of the program.

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**Your Recreation Council**

Attn: whomever, or program name

Address on one line.

Guardian s Name (If participant is under 18 years of age.) \_\_\_\_\_

Participant s name \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

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

Day Phone(     ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

(     ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_ Check here if the participant registered above has a known medical condition about which we should be aware.

**Waiver of Liability:** By my signature below, I acknowledge that there are inherent risks and dangers associated with recreation programs and the \_\_\_\_\_ program, and therefore, I hold Frederick County Maryland and the (Your) Recreation Council harmless from all claims for injuries, damage, or loss which may result from my, or my child's, participation in this program. Further in compliance with Maryland HB 858 and SB711, I hereby acknowledge that I understand the risks of concussions in sports and am aware of the concussion information which is found at [www.recreator.com](http://www.recreator.com).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(of parent if participant is under 18 years of age)