



Department of Recreation and Parks Registration Form: Please print

Male Female / /

Name of Parent or Adult Registrant _____ Date of Birth _____ () Home Phone _____

Home Address: Street _____ () Work Phone (Mr) _____ () Work Phone (Ms) _____

City _____ State/Zip _____ Check if new e-mail address _____

Emergency Contact: Name _____ () Phone _____

1

Course Number _____ Title of Program _____ Fee Enclosed _____

Section Number _____ Location _____ Day _____ Time _____ Date _____

Male Female / /

Name of Registrant _____ Date of Birth _____ If Child: Age/Grade _____

2

Course Number _____ Title of Program _____ Fee Enclosed _____

Section Number _____ Location _____ Day _____ Time _____ Date _____

Male Female / /

Name of Registrant _____ Date of Birth _____ If Child: Age/Grade _____

3

Course Number _____ Title of Program _____ Fee Enclosed _____

Section Number _____ Location _____ Day _____ Time _____ Date _____

Male Female / /

Name of Registrant _____ Date of Birth _____ If Child: Age/Grade _____

I agree to abide by all Rules and Regulations of the Howard County Department of Recreation and Parks. On behalf of myself and my child, I agree to hold Howard County, its employees, officials and agents harmless from any and all claims for damages unless due to the sole negligence of the County, its employees or agents.

Registrant for # _____ has the following health problem or disability:

Registrant for # _____ needs the following special accommodations:

- Integration Companion
- Deaf Interpretive Services
- Other: _____

SIGNATURE _____ DATE _____

I hereby consent to my child's (children's) participation in this (these) programs.

SIGNATURE _____ DATE _____

Please add my name to the mailing list. I have enclosed the \$5 fee.

Payment: Check Cash
 MasterCard or VISA Exp. Date ____/____/____

____/____/____

*Make check payable to Director of Finance; Howard County
Mail to Attn: Registration
Department of Recreation & Parks
7120 Oakland Mills Rd
Columbia, MD 21046-1677*

Signature of Cardholder _____ Date _____

Print Name _____

*For Office Use Only:
Date received _____ Amount received _____ Initials _____*