

- Advance registration for programs is required since most class sizes are limited. We will not accept registration by phone.
- No confirmation of registration will be sent. There will be notification only if there is a cancellation or change.
- We reserve the right to cancel or alter programs that don't meet registration requirements.
- When there is a school closing, our programs are canceled. Special school meetings, activities or weather conditions may be reason for program cancellation.

**QAC Community Services Dept.  
Recreation Division**

104 Powell Street, Centreville, MD 21617  
tel. 410-758-0848 · www.ParksNRec.org

**IF PAYING BY CREDIT CARD, YOU MAY FAX THIS  
COMPLETED & SIGNED FORM TO**

**443-262-4673**

**DO NOT FAX CHECK, MONEY ORDERS,  
or CASH registrations.**

**Cancellations of classes & fields will be posted on  
our website [www.PARKSnREC.org](http://www.PARKSnREC.org)**

**PROGRAM REGISTRATION FORM**

Please update my account **ONE REGISTRATION FORM PER PARTICIPANT**

**Participant Name**  **Gender**

**Date of Birth**  **Age**  **E-mail**

**Payee Name (Parent/Guardian)**

**Address, City, State, & Zip**

**Home Phone**  **Emergency Phone**

**Work Phone**  **Mobile Phone**

**PROGRAMS / CLASSES**

**Class Name**  **Class #**  **Class Fee**

**Class Name**  **Class #**  **Class Fee**

**Class Name**  **Class #**  **Class Fee**

**Trips & Tours Only**

**Trip Name**  **Trip #**  **Trip Fee**

**Pick up location**

**METHOD OF PAYMENT**

Mail in Check or Money Order with this completed form

Visa

Master Card

Please make checks payable to: **Queen Anne's Co. Parks & Recreation**

**Card Number**

**MAIL this completed form and check to:**

**Queen Anne's Co. Parks & Recreation  
104 Powell Street  
Centreville, MD 21617**

**Expiration**  /

"I agree to pay the above amount listed as credit card charges to County Commissioners, Centreville according to credit card issuer agreement."

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**MEDICAL INFORMATION** (medications, disabilities, etc.)

SIGNATURE

**PICK-UP/EMERGENCY CONTACT INFORMATION** (other than Parent/Guardian listed above)

**Name**  **Phone**

I recognize the risks of illness and injury in any exercise/physical fitness, education, or recreational program and am participating in the Parks & Recreation program upon the express agreement and understanding that I am hereby waiving and releasing the Queen Anne's County Government, its Departments, directors, employees, agents and assigns from any and all claims, liabilities, expenses or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury or death resulting therefrom and hereby agree to indemnify and hold harmless the Queen Anne's County Government, its Departments, directors, employees, agents and assigns from and against all such claims except claims proximately caused by the gross negligence or willful misconduct of the Queen Anne's County Government, its Departments, directors, employees, agents and assigns. \*Participants may at some time be photographed for publicity purposes.

## REQUIRED SIGNATURES

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PARTICIPANT'S SIGNATURE

**If the Participant is under 18 years of age, this section must be completed in its entirety by both of the participant's parents or by the participant's legal guardian(s).**

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PARENT/GUARDIAN SIGNATURE 1

Name

Address

City

State / Zip

Home Telephone

Work Telephone

Relationship to Participant

Please check if applicable:

I have sole legal and physical custody of the participant, and I have the authority to enroll this participant in the activity identified above.

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PARENT/GUARDIAN SIGNATURE 2

Name

Address

City

State / Zip

Home Telephone

Work Telephone

Relationship to Participant

Please check if applicable:

I have sole legal and physical custody of the participant, and I have the authority to enroll this participant in the activity identified above.