

The Department of Parks and Recreation of Queen Anne's County

1945 4H Park Road, Centreville, MD 21617
Phone: 410.758.0835 | Fax: 443.262.4673
qacrecreation@qac.org | www.parksnrec.org

- Advance registration is required for all programs since most class/camp 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 a program that does not meet minimum 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.

Cancellations of classes & fields will be posted to Rainout Line

Program Registration Form

Return to: 1945 4-H Park Rd, Centreville, MD 21617 | qacrecreation@qac.org | fax 443-262-4673 (DO NOT fax Check, Money Order or Cash registrations.)

****PLEASE PRINT CLEARLY—ONE FORM PER PARTICIPANT****

Family Account Information (parent or primary guardian):

Name: _____ Email: _____ I would like to receive emails for future events & programs.

Address: _____ Home Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Participant Name: _____ M/F: _____ Age: _____ DOB: _____

Program Number	Section	Program Name	Extended Care		Total Due	Summer Camps ONLY	
			Before*	After*		Paid in Full	Payment Plan
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	\$ _____	<input type="text"/>	<input type="text"/> Amount Paid \$ _____
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	\$ _____	<input type="text"/>	<input type="text"/> Amount Paid \$ _____
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	\$ _____	<input type="text"/>	<input type="text"/> Amount Paid \$ _____
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	\$ _____	<input type="text"/>	<input type="text"/> Amount Paid \$ _____
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	\$ _____	<input type="text"/>	<input type="text"/> Amount Paid \$ _____

*NOTE: Extended care hours are available for Discover Summer Camps ONLY for an additional \$30 each. Registration in corresponding camp is required to register for extended care.

Emergency Contact: (name/phone number) _____

Medical Information (medication, disabilities, etc.) _____

I recognize the risks of illness and injury in any exercise/physical fitness or education program and am participating in the Parks & Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks & Recreation, it's officers, directors, employees and agents from any and all claims, costs, liabilities, expense 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 there from and hereby agree to indemnify and hold harmless the Parks & Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks & Recreation. ***Participants may at some time be photographed for publicity purposes.**

Parent/Guardian Signature (1)

Parent/Guardian Signature (2)

If a parent or guardian does not have sole legal custody of the child, both signatures are required. By submitting a single signature, the parent/guardian is indicating that he/she has sole legal custody of the participant.

Method of Payment: (check one)

Cash

Check or money order (payable to QAC Recreation)

MasterCard/VISA Card #: _____

Exp: ____ / ____ CVV/CVC#: _____ Signature: _____