

CAROLINE COUNTY RECREATION & PARKS

107 South 4th Street, Denton, MD 21629 410-479-8120

AGREEMENT OF PARTICIPATION AND CONTRACT

PLEASE PRINT

Participant Name		Age	M <input type="checkbox"/> F <input type="checkbox"/>	Grade	Date of Birth
Mother's Name		Father's Name		Child Race	Child Ethnicity (circle one) Hispanic Non-Hispanic
Address			City	State	Zip
Day Phone		Evening Phone		Emergency Phone	
Email Address			MD School Attending (if not attending a MD school, immunization records must be on file)		
Insurance Carrier			Group #		

PERSONAL HEALTH

Please detail any conditions in the following space. *If none, note "none" if you do not know, note "unknown".*

Primary Care Physician		Phone Number		Allergies		Breathing Conditions	
High Blood Pressure		Heart Condition		Any other physical disabilities or defects: <i>Use reverse side*</i>		Are you/your child exempt from immunizations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you/your child's immunizations current & up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Last Tetanus Immunization: (provide approx. month & year)			Date of Last Physical Exam: (provide approx. month & year)		
Are you/your child on any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>				If so, what kind & for what reason:			
Is your child on medication through the school year? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Any illnesses/operations/injuries/conditions that might become aggravated by your participation in this program? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: <i>Use reverse side if more space is necessary. *</i>							

IN CONSIDERATION OF THE EXECUTION OF A SIMILAR CONTRACT BY ALL PERSONS PARTICIPATING IN RECREATION AND PARKS PROGRAMS, I HEREBY AGREE AND CONTRACT WITH THE FOLLOWING:

1. That I will participate in the following program(s): _____
2. I agree to abide by all rules, policies and uphold the principles of participation, sportsmanship and fair play.
3. I further agree that the medical information given above is correct, and understand that I am solely and entirely responsible for all medical expenses incurred by me as a result of injuries I receive while participating in the stated activity/program and that I have no claim against the program, my leader, or the Department of Recreation and Parks for damages or loss to me resulting from such injuries.
4. I further understand that it is my responsibility to arrange for transportation to and from the program activity.
5. I acknowledge that concussion awareness information has been made available to me through the CDC website www.cdc.gov/concussion and I have reviewed it.
6. Participants in activities sponsored or co-sponsored by Caroline County Recreation and Parks consent to the department's use of any photograph, film, or video tape of the activity in any marketing or promotional materials.

WAIVER AND RELEASE FORM

(This form MUST be signed by both parent/guardian and participant in order to be accepted)

CCRP is committed to providing reasonable accommodations to all participants. If you have Special Needs, we would like to accommodate you. Please notify the Recreation department at 410-479-8120 two weeks in advance so we will have time to make plans for you. We cannot guarantee that your request will be met unless the Recreation department is notified in advance. CCRP reserves the right to cancel a program or division which does not meet certain requirements.

I am aware that while participating in a recreation activity or program arranged by Caroline County Recreation and Parks, certain risks and dangers may be present; including but not limited to concussions and those generally associated with certain activities, the hazards of travelling the public highways, or accidents, or illnesses and the forces of nature.

In consideration of the right to participate in the Recreation and Parks program and in further consideration of the arrangements made for me by the Caroline County Commissioners through its Department of Recreation and Parks for food, travel and recreation, I do hereby, on behalf of myself, my heirs, executors, administrators, and assigns assume the above-mentioned risks, and do further release, hold harmless, and indemnify the Commissioners of Caroline County and all its agents, officers, and employees from any and all claims for injuries or loss to any person or property which may arise out of or result from my participation in the above referenced program or activity. I further grant permission for a doctor to administer emergency treatment to myself or child in the event I cannot be reached.

Signature of Participant (age 5 & up) Date

Signature of Parent/Guardian (if participant is under 18) Date

**Please fill out reverse for child pick-up authorization*

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Please list the individuals authorized to pick up your child from the CCRP program and their relationship.

NAME	RELATIONSHIP	PHONE
1		
2		
3		
4		
5		
6		

Please expand on any physical disabilities that would impact you/your child's participation in this CCRP program:
