



# Takoma Park Recreation Department

7500 Maple Avenue, Takoma Park, MD. 20912

□ (301) 891-7290 □ [www.takomaparkmd.gov/recreation](http://www.takomaparkmd.gov/recreation) □



Program Name \_\_\_\_\_ Location \_\_\_\_\_

## PARTICIPANT INFORMATION

(Since this information is current it will be used over that which was given at the time of registration)

Participants Name (print) \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact Name (other than parent authorized to pick-up your child) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

## HEALTH HISTORY

Does your child attend a Maryland school? \_\_\_\_ Yes \_\_\_\_ No

If not, please provide a copy of your child's current immunization record

Is your child exempt from any immunizations for religious or medical reasons?

Yes \_\_\_\_ No \_\_\_\_ if yes, please submit appropriate papers

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

\*Allergies: \_\_\_\_ Poison Ivy \_\_\_\_ Insect Stings \_\_\_\_ Foods \_\_\_\_ Other \*If yes, please list \_\_\_\_\_

(If your child requires medication during program hours please complete the Authorization for Medication Form)

List any concerns which may affect your child's full participation in daily activities \_\_\_\_\_

Please circle your child's T-shirt Size:

YS YM YL AS AM AL XL XXL XXXL

Please circle your child's swimming ability:

Non swimmer Beg. Inter. Adv.

## DISMISSAL AGREEMENT

\_\_\_\_\_ My child will be picked up from program by a parent/guardian, emergency contact or authorized individuals listed below:

1. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_

\_\_\_\_\_ I give permission for city staff to allow my child to leave the program unescorted at \_\_\_\_:\_\_\_\_ daily.

Please list any special instructions \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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## PARTICIPANT AGEEEMENT

The following expectations apply to all participants and the general enforcement of the rules is the responsibility of the staff.

1. Children are expected to behave in an orderly fashion. Any action that is contrary to the mission statement and values of the Takoma Park Recreation Department is unacceptable and could be cause for disciplinary action.
2. Children are expected to respond appropriately and respect staff's instructions and decisions. They are also expected to show respect for others.
3. Children will not take anything, without permission, that belongs to someone else or the program.
4. Please leave valuables at home: MP3 players, cameras, cell phones, game consoles, expensive athletic equipment or clothing, cameras, jewelry, or personal games. Staff will not be responsible for lost or stolen items.
5. Children should not damage property: i.e., you may not write on walls, tables, or books.
6. Children will not bring objects that are dangerous to other people and/or disruptive to the program.
7. Children will stay in the building, playground or designated area at all times unless authorized by a staff member.

**\*\*Because every act of misbehavior cannot be anticipated, the Program Director may be required to make a judgment in handling certain acts of misconduct not covered in the behavior code.**

My signature reflects my understanding of the Behavioral Code and acknowledges that I will make sure my child adheres to all of the above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## RELEASE OF LIABILITY & PARENT/GUARDIAN'S AUTHORIZATION

I acknowledge, understand, and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury. The City of Takoma Park assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that the Takoma Park Recreation Department does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, I /my child am / is physically fit and, should this condition change at any time during the program I will notify the administration of the Recreation Department immediately. The Recreation Department has my permission to call Emergency 911 and/or to send me/my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well-being of me/my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the Recreation staff concerning this program. I have read, understood, and accept the terms of this participant's agreement as outlined. I do hereby on behalf of my child, my heirs, and executors, agree to indemnify the Mayor and Council of the City of Takoma Park and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from my child's participation in the above-referenced program or activity. I hereby and represent that if the participant is a minor, I am his/her parent/guardian and authorized to provide the releases, authorizations, and permissions stated herein and all the information provided is accurate and complete. I hereby give permission for the participant named above to participate in the TPRD's program, including transportation in approved vehicles (TPRD Vehicles, Board of Education School Buses, or Commercial Motor Coaches). I acknowledge that the Takoma Park Recreation Department has a policy for conduct in recreation programs and facilities and I hereby agree that the participant is subject to said policies, including the disciplinary provisions. I authorize the Recreation Department to take, display, and publish photographs, slides or videos for promotional and/or educational purposes.

PLEASE READ CAREFULLY. THIS RELEASE OF LIABILITY CONTAINS A RELEASE OF KNOWN AND UNKNOWN CLAIMS BY YOU AND YOUR CHILD. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY, AND KNOWINGLY AND VOLUNTARILY SIGN BELOW:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date