

Montgomery County Recreation



Event Registration & Transportation Authorization Form

I authorize my child to attend the following trip:

Event Name:			Locati	Location:					Activity Code:		
Transportation Recreation	•	ortatio	-	oart fr	om ar	ıd return	to desi	gnated	_		
Please retur	n this co	mplete	ed & sign	ed for	m to	Montgor	nery Co	unty R	ecreati	on staff.	
			YOUT	HINF	ORM/	ATION					
Youth First Name:		Youth Last Name:				Youth Birthdate			: Youth Sex & Ethnicit		
Youth Phone Number: You		th School & Grade:				Youth Email:					
		PAI	RENT/GU	ARDIA	AN INI	FORMAT	ION				
Parent First Name: Parent Last N			Name: Parent Bi			rthdate: Parent		t Emai	Email:		
Address:			City			<u>'</u> :		State:		Zip:	
Home Phone #:			Work Phone #:					Cell Phone #:			
AUTHORIZATION											
The participant ass liability for injury o some activities, the fitness to participal also consents to the participant is a min the instructor nor a program.	umes all of the county of the county or, the party	es arisin encoura orogran 's use o arent o	g from par ages each n. The par f photogra r guardian	rticipat partici rticipar aphs ta appro	tion in pant to nt cons aken o oves his	the progroup consult sents to e rideotage or her parts	ram. Du his or he mergend bes made articipat	e to the er physi cy treat e of the ion in the	e strenuc cian con ment. T progran ne progr	ous nature of cerning he participant n. If the am. Neither	
Parent/Guardian P	rinted N	ame:									
Signature:							Б	ate:			