

MONTGOMERY COUNTY EMPLOYEE WELLNESS PROGRAM

Purpose Statement: Montgomery County is promoting the health and well being of its employees and MCFRS volunteers by encouraging participation in activities that can reduce stress and/or enhance fitness by offering Montgomery County Department of Recreation program discounts.

Eligibility Requirements:

- MC Government career/merit employees and MCFRS volunteers (for employee's use only - no family members). **Discounts may not be combined with other Recreation financial offers.**
- 20% discount on one (1) **Recreation Department** class per season.
- 20% discount on **Recreation Department** Individual Pool Pass
- 20% discount on **Recreation Center** Weight Room/Gym Cards

For Office Use Only:
 Approved: _____
 Date: _____
 Initials: _____

Registration and Withdrawal Policy Instructions for Employee Wellness Program:

- Complete the Employee Verification Information and Activity Registration form below.
- **Fax (240) 777-6857 (using a credit card payment) or send entire form with payment to the Montgomery County Department of Recreation, 4010 Randolph Road, Silver Spring, MD 20902 Attention: Registrar**
- Allow up to 48 hours for processing this registration, including walk-in submissions.
- We will verify your employment, process your registration, and send you a confirmation.
- Go to your class, unless you are otherwise notified of a problem, cancellation, or full class.
- If you are a non-county resident, include an additional \$10.00 in the fee for each activity.
- If you are a non-county resident, include an additional \$20.00 for Weight Room memberships.
- If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling (800) 666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.
- Withdrawal Policy: See current *Recreation Guide*.

EMPLOYEE AND MCFRS VOLUNTEER* VERIFICATION INFORMATION

Full Name: _____ Work Phone No. _____

Department/Division/LFRD _____ Fax Phone No. _____

*Are you a current MC Fire and Rescue Service Volunteer? Yes ___ No ___ Were you LOSAP active (earning 50 points or more) in the last calendar year? Yes ___ No ___

Montgomery County Department of Recreation Activity Registration Form

Montgomery County Government is committed to complying with the Americans with Disabilities Act (ADA). If you need auxiliary aids or services (such as a mainstreaming companion, ASL or cued speech interpreter, or large print) in order to participate, please call a mainstream facilitator (301-468-4540, TTY 240-777-6947) to discuss your needs at least two (2) weeks prior to the start of the activity.



Check here if new address/phone/email.
Print

PAYER'S: Last Name _____ First Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
 (if different from Payer's)

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

*If you are a non-resident, include an additional \$10.00 per participant in the fee for each activity and \$20.00 for Weight Room Membership.

Course Fee: \$ _____
 Less ___ Discount (see above): \$ _____
 Remit Total: \$ _____

Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

Master Card Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6857**. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature _____ Date _____