

Registration Form

The next step is to get the Access Card before the program start date. Do it today!

Check here if new address/phone/email. **Please print.** This form may be duplicated.

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

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
 (if under 18 years) Mother's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____
 Father's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

Emergency Contact's Name _____ Relationship _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex M/F	Grade	Activity Name	Course Number	Location	Bus Code		Start Date	Start Time	Fees*
							AM	PM			

*If you are a non-resident, include an additional \$10 per participant in the fee for each activity.

Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902. Total Amount Due: \$

Master Card Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6818**. 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.

Parent/Guardian Signature _____ Date _____