

# TEAM REGISTRATION FORM

Check here if this is a new address, phone number or email address. Please print. This form may be copied.

### MANAGER

|              |            |              |        |                                |     |
|--------------|------------|--------------|--------|--------------------------------|-----|
| Last Name *  |            | First Name * |        | Email                          |     |
| Address *    |            |              | City * | State *                        | ZIP |
| Home Phone * | Work Phone | Cell Phone   |        | Date of Birth (month/day/year) |     |

### ASSISTANT MANAGER

|              |            |              |        |         |     |
|--------------|------------|--------------|--------|---------|-----|
| Last Name *  |            | First Name * |        | Email   |     |
| Address *    |            |              | City * | State * | ZIP |
| Home Phone * | Work Phone | Cell Phone   |        |         |     |

### PAYER/SPONSOR If different than manager

|              |            |              |        |         |     |
|--------------|------------|--------------|--------|---------|-----|
| Last Name *  |            | First Name * |        | Email   |     |
| Address *    |            |              | City * | State * | ZIP |
| Home Phone * | Work Phone | Cell Phone   |        |         |     |

| Team Name         | League | Division | Day | Level | Activity Number          | Fees |
|-------------------|--------|----------|-----|-------|--------------------------|------|
|                   |        |          |     |       |                          |      |
|                   |        |          |     |       |                          |      |
|                   |        |          |     |       |                          |      |
| Special Requests: |        |          |     |       | <b>Total Amount Due:</b> |      |

\* Required Info

### PAYMENT

|                                         |  |                    |               |                 |
|-----------------------------------------|--|--------------------|---------------|-----------------|
| Name on Card                            |  | Credit Card Number | Security Code | Expiration Date |
| Payer Address (If different than above) |  | City               | State         | ZIP             |

- Visa
- MasterCard
- Check or Money Order

- AmEx
- Discover

**MAIL Your Completed, Signed Form to: ActiveMONTGOMERY • 4010 Randolph Rd. • Silver Spring, MD 20902**  
 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**.

Make payable to:  
**ActiveMONTGOMERY**

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*SIGNATURE IS REQUIRED\***

**Participant or Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

The participant assumes all risks associated with participation in the program; neither the County nor Montgomery Parks/M-NCPPC assumes any liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, each participant is encouraged 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 and Montgomery Parks/M-NCPPC's use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images, and any audio recordings made of the participant's voice in whatever way the County and Montgomery Parks/M-NCPPC desires, including television, print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County and Montgomery Parks/M-NCPPC. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.