



**Use this form to register for BOTH Montgomery Parks AND Montgomery County Recreation activities.\***  
**Use este formulario para activides de LOS DOS Montgomery Parks Y Montgomery County Recreation.\***

**\* Required Info | Info Requerida**      **REGISTRATION FORM | FORMULARIO DE INSCRIPCIÓN**

Check here if this is a new address, phone number or email address. Please print. This form may be copied.       Marque aquí si esta es una dirección nueva, teléfono o dirección de correo electrónico. Por favor imprima. Este formulario puede ser reproducido.

PARENT/GUARDIAN   PADRE/GUARDIÁN					
Last Name   Apellido *		First Name   Nombre *		Birthday   Fecha de nacimiento (mm/dd/yy) *	Email
Address   Dirección *			City   Ciudad *		State   Estado *    ZIP   Código Postal *
Home Phone   Teléfono de Casa *		Work Phone   Teléfono de Trabajo		Cell Phone   Celular	

EMERGENCY CONTACT   EMERGENCIA CONTACTO		
Name   Nombre	Relationship   Relación	Phone   Telf.

Participant s Name (Last, First) Apellido y Nombre del Participante	Birthday (mm/dd/yy) Fecha de Nacimiento (mm/dd/yy)	Sex Sexo	Activity Name Nombre de la Actividad	Activity Number Número	Fees * Costo *

*Non-County residents include an additional \$15 per participant, per activity for Montgomery County Recreation Department activities (not applicable for Parks activities) *Incluya \$15 por participante, por actividades de Montgomery County Recreation si vive fuera del Condado (no aplica por actividades de Parques)	<b>Total Program Fees: Cantidad Total:</b>
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<b>To which ethnicity do you identify most?</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino or Spanish Origin of Any Race <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer	<b>PAYMENT OPTIONS*</b>	* Required Info   Información requerida
	<b>Total Program Fees \$</b> _____ <b>CASH \$</b> _____	
	<b>Non-Resident/Other Fees \$</b> _____ <b>Check #</b> _____ <b>\$</b> _____	
	<b>Total Fees Due \$</b> _____	
<b>Make checks and money orders payable to:</b> <b>ActiveMONTGOMERY.</b>	<b>Mail checks to:</b> <b>2425 Reedie Drive, 10<sup>th</sup> Floor, Wheaton, MD 20902</b>	

**Will you need an ADA (Americans with Disabilities Act) disability accommodation (trained support staff, sign language interpreters, companion, Braille/large print, adaptive equipment, assistive listening/auxiliary devices, and/or audio description?)**

Yes     No

<b>If YES, please see below:</b> <b>ADA Requests for Montgomery Parks</b> To request an accommodation for M-NCPPC, Montgomery Parks programs you must contact the Program Access Office at 301-495-2477 or email ProgramAccess@montgomeryparks.org.	<b>ADA Requests for Montgomery Country Recreation</b> To request an accommodation for Montgomery County Recreation, you must contact the Therapeutic Recreation and Inclusion Services Office at 240-777-6870 or email rec.inclusion@montgomerycountymd.gov.
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**IMPORTANT: Request should be made before the program begins.**

**\*SIGNATURE IS REQUIRED\* | \*SE REQUIERE LA FIRMA\***  
 Participant or Parent/Guardian Signature | Participante o Padre/Guardián Firma \_\_\_\_\_ Date | Fecha \_\_\_\_\_

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.

El participante asume todos los riesgos asociados con la participación en el programa; ninguno ni el Condado ni Montgomery Parks/M-NCPPC asume cualquier responsabilidad de lesiones daños debido a su participación en el programa. Debido a la naturaleza persistente de algunas actividades se alienta a consultar con un médico, se alienta a que cada participante consulte con su doctor sobre su capacidad física de participar en el programa. El participante consiente el tratamiento de emergencia. El participante también consiente que el Condado y Montgomery Parks/M-NCPPC's utilice las imágenes del participante y la posibilidad de mostrar fotografías videos, películas o imágenes electrónicas, y cualquier grabación de audio que se haga de la voz del participante en cualquier forma que el Condado y Montgomery Parks/M-NCPPC desee, incluyendo televisión, impresos, páginas del internet. Además, el participante consiente que las fotos, películas, grabaciones, imágenes electrónicas serán propiedad única del Condado.