

MONTGOMERY COUNTY RECREATION

EMPLOYEE FAMILY POOL PASS APPLICATION

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

EMPLOYEE

Last Name*		First Name*		Birthday (mm/dd/yy)*		Email	
Address*				City*		State*	ZIP*
Home Phone		Work Phone		Cell Phone			

DEPARTMENT NAME

Department Name (ex: HHS, POL, Volunteer FRS, etc.)

A family pool pass includes the employee, one other adult or guardian and up to four single legal dependent children under 21 years of age residing at the same address.

Participant's Name (Last, First)	Birthday (mm/dd/yy)	Gender

Employee Family Pool Pass (with 20% discount)	
Non-resident fee, if applicable (Add \$100)	
Additional child(ren), if applicable (Add \$20 per child)	
TOTAL AMOUNT DUE	

* Required Info | Información requerida

To which ethnicity do you identify most?

- American Indian/Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino or Spanish Origin of Any Race
- Native Hawaiian or Other Pacific Islander
- White
- Two or More Races
- Other _____
- Prefer not to answer

PAYMENT OPTIONS*

Total Program Fees \$ _____ **CASH \$** _____

Non-Resident/Other Fees \$ _____ **Check #** _____ **\$** _____ **Total**

Fees Due \$ _____

Make checks and money orders payable to: ActiveMONTGOMERY. **Mail checks to:** 2425 Reedie Drive, 10th Floor, Wheaton, MD 20902

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

If YES, please see below:

ADA Requests for Montgomery Parks

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.

ADA Requests for Montgomery County Recreation

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

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.