

CAROLINE COUNTY RECREATION & PARKS

107 South 4th Street
Denton, MD 21629
410-479-8120

AGREEMENT OF PARTICIPATION AND CONTRACT

PLEASE PRINT

Participant's Name		Age	M <input type="checkbox"/> F <input type="checkbox"/>	Grade	Date of Birth
Mother's Name		Father's Name			
Address		City	State	Zip	
Day Phone		Evening Phone		Emergency Phone	
Person to Pick Up Child <i>Please complete on reverse side*</i>		MD School Attending <i>(if not attending a MD school, immunization records must be on file)</i>			

PERSONAL HEALTH

Please detail any conditions in the following space. *If none, note "none" if you do not know, note "unknown".*

Primary Care Physician		Phone Number		Allergies		Breathing Conditions	
High Blood Pressure		Heart Condition		Any other physical disabilities or defects: <i>Use reverse side*</i>		Are you/your child exempt from immunizations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you/your child's immunizations current & up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Last Tetanus Immunization: <small>(provide approx. month & year)</small>		Date of Last Physical Exam: <small>(provide approx. month & year)</small>			
Are you/your child on any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>				If so, what kind & for what reason:			
Is your child on medication through the school year? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Any illnesses/operations/injuries/conditions that might become aggravated by your participation in this program? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:							
<i>Use reverse side if more space is necessary.*</i>							

IN CONSIDERATION OF THE EXECUTION OF A SIMILAR CONTRACT BY ALL PERSONS PARTICIPATING IN RECREATION AND PARKS PROGRAMS, I HEREBY AGREE AND CONTRACT WITH THE FOLLOWING:

1. That I will participate in the following program(s): _____
2. I agree to abide by all rules, policies and uphold the principles of participation, sportsmanship and fair play.
3. I further agree that the medical information given above is correct, and understand that I am solely and entirely responsible for all medical expenses incurred by me as a result of injuries I receive while participating in the stated activity/program and that I have no claim against the program, my leader, or the Department of Recreation and Parks for damages or loss to me resulting from such injuries.
4. I further understand that it is my responsibility to arrange for transportation to and from the program activity.

WAIVER AND RELEASE FORM

(This form MUST be signed by both parent/guardian and participant in order to be accepted)

I am aware that while participating in a recreation activity or program arranged by Caroline County Recreation and Parks, certain risks and dangers may be present; including but not limited to, those generally associated with certain activities, the hazards of travelling the public highways, or accidents, or illnesses and the forces of nature.

In consideration of the right to participate in the Recreation and Parks program and in further consideration of the arrangements made for me by the Caroline County Commissioners through its Department of Recreation and Parks for food, travel and recreation, I do hereby, on behalf of myself, my heirs, executors, administrators, and assigns assume the above-mentioned risks, and do further release, hold harmless, and indemnify the Commissioners of Caroline County and all its agents, officers, and employees from any and all claims for injuries or loss to any person or property which may arise out of or result from my participation in the above referenced program or activity. I further grant permission for a doctor to administer emergency treatment to myself or child in the event I cannot be reached.

Signature of Participant (age 5 & up) _____ Date _____ Signature of Parent/Guardian (if participant is under 18) _____ Date _____

(*see reverse side for additional space if necessary)

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Please list the individuals authorized to pick up your child from the CCRP program and their relationship.

NAME	RELATIONSHIP
1	
2	
3	
4	
5	
6	

Please expand on any physical disabilities that would impact you/your child's participation in this CCRP program:
