

Takoma Park Recreation Department Registration Form

All registrations are accepted first come first served. Please complete ALL fields. PLEASE fill out a form for each person. Make Check payable to *City of Takoma Park*.

Participant's First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____ School: _____ Grade: _____

Parent/Guardian name: _____ Home Phone: _____ Work: _____

Gender: _____ Birth Date: _____ (circle one) Resident/Non-Resident (circle one) Ward 1 2 3 4 5 6

Emergency Contact Name: _____ Relationship _____ Number: _____

Email address: _____ I would like to receive email alerts: Yes No

Name of program	Session (If applicable)	Day(s) of week	Time	Fee

Payment method Check Cash Money Order Credit cards are accepted online, phone and walk-in.

Phone registrations with credit card only. **DO NOT MAIL CASH!**

Mail registration to:
Takoma Park Recreation Department
7500 Maple Avenue, Takoma Park, MD 20912

Do you require any special accommodations to participate in this program/activity? Yes No

If yes, please explain: _____

REFUND POLICY

* Registrants assume the risk of changes in personal affairs or health. Refunds will be approved with written/electronic notification received seven working days prior to scheduled start of program. A \$15.00 administrative fee will be deducted from the total refund.

* Registrant may choose to receive a credit for the remaining amount which may be used for another program. Credits MUST be used by June 30th. After that time the credit will be forfeited. Credits cannot be transferred.

* Refunds after the program has begun will be considered only with medical verification (No Exception). No refund after the program has ended.

PARTICIPATION AGREEMENT

I acknowledge, understand, and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury. The City of Takoma Park assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that the Takoma Park Recreation Department does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, I /my child am / is physically fit and, should this condition change at any time during the program I will notify the administration of the Recreation Department immediately. The Recreation Department has my permission to call Emergency 911 and/or to send me /my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well being of me/my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the Recreation staff concerning this program. I authorize the Recreation Department to take, display, and publish photographs, slides or videos for promotional and/or educational purposes. I have read, understood, and accept the terms of this participant's agreement as outlined.

Parent/Guardian (if under 18): _____ Date: _____

Participant Signature (if over 18): _____ Date: _____

Office use:

Date paid: _____ Type of payment: _____ Amount _____ Date entered: _____ Staff initial: _____