program registration - WS2010

Participant: _____ ☐ Male ☐ Female
Age (if under 18): _____ Birth Date: _____
Parent/Guardian (if under 18): _____
Email Address: _____
Home Phone: _____ Work Phone: _____
Address: _____
City/Town: _____ State: _____ Zip: _____
Grade: _____ School: _____

Emergency Contact: _____
Home Phone: _____
Work Phone: _____
Address: _____
_____
City/Town: _____
State: _____ Zip: _____

Course No.	Session/Level	Location	Fee

If applicable, please select from the following:

BASEBALL
Jersey Size: Youth - ☐SM ☐MED ☐LG Adult - ☐SM ☐MED ☐LG ☐XL
Pants Size: Youth - ☐SM ☐MED ☐LG Adult - ☐SM ☐MED ☐LG ☐XL

SOFTBALL
Jersey Size: Youth - ☐SM ☐MED ☐LG Adult - ☐SM ☐MED ☐LG ☐XL
Pants Size: Youth - ☐SM ☐MED ☐LG Adult - ☐SM ☐MED ☐LG ☐XL

METHOD OF PAYMENT

☐Cash ☐Check ☐Visa ☐MasterCard

$ _____ Total Due
$ _____ Contribution to the Let the Kids Play! Scholarship Fund
$ _____ Amount enclosed

Account Number: _____
Expiration: _____

Assumption of Risk
I for myself and/or my child named on this form as a patron and/or participant in said Montgomery County Parks & Recreation program, am aware of the possibility of accidental or other physical injury which may befall me or my child during participation in said program. I assume the risk of possible accidental injuries I or my child may incur and hereby indemnify Montgomery County Parks & Recreation and do hereby indemnify and release from any liability or cause of action, Montgomery County, its successors, employees, and volunteers. I understand that photographs or videos of me or my child may be taken during said program, that my or my child's likeness may appear in media coverage and publicity regarding said program, which no compensation in any form will be made by Montgomery County, and I give my consent to these conditions.

Signature _____ Date _____

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