

# Program Registration Form · Please Print | One Form Per Participant

Registrations for Capital Clubhouse programs are accepted only at that facility.

Register to receive timely e-mail/text announcements about upcoming programs and events. Visit [www.CharlesCountyMD.gov](http://www.CharlesCountyMD.gov) for details!



**This section must be completed**—If participant is a minor, this section should list parent or guardian information.

Name				E-Mail Address:			
Mailing Address				City		State	Zip
Phone #'s	Home			Work	Cell		
COUNTY		Emergency Contact Name			Emergency Contact Phone		

<b>Participant/Child's Information</b>		Age	Date of Birth		Sex (circle)	M	F
First Name				Last Name			
Special Health Conditions				Current School		Grade	

## Registration for: Classes & Programs Trips, Sports Programs

1	Title		
	Date		Code
	Amount	\$	Trip P/U
2	Title		
	Date		Code
	Amount	\$	Trip P/U
3	Title		
	Date		Code
	Amount	\$	Trip P/U
4	Title		
	Date		Code
	Amount	\$	Trip P/U
5	Title		
	Date		Code
	Amount	\$	Trip P/U

No confirmations will be sent. You may assume you are registered unless otherwise contacted. Charles County Government is not responsible for program cancellations due to Charles County Public Schools programming. I agree to participate or to allow my child to participate in these programs knowing that safety precautions will be taken but realizing that the Charles County Government does not have accident insurance for participants. I do hereby release and hold harmless Charles County, Maryland, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised programs. I also authorize the Charles County Government to take photographs of me/my child for promotional and/or educational purposes. I hereby state and declare that this information is freely, willingly, and voluntarily made.

By providing my email above, I agree to be contacted about recreation programs.

## Forms without signatures will be returned.

Your signature acknowledges that you have read and understand the above statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to: Charles County Commissioners**

**Fax Registration No. 301-934-5624**

**Register online at [www.CharlesCountyParks.com](http://www.CharlesCountyParks.com)**

## Youth Sports League Registration

Program Title			
League Code		Grade	
Middle School			
Height		Weight	
Experience in Years <small>(Please provide number of years child has played this sport in an organized league.)</small>			
<b>I/my child will abide by the Code of Conduct. (Must initial)</b>		Initials	
<input type="checkbox"/>	Check here if you are interested in coaching.		
Proof of age required within three (3) days if requested by Dept. of Recreation, Parks & Tourism.			
<b>Amount/Fee Due \$</b> _____			

## LEAGUE SHIRT SIZE SELECTION

Please **CIRCLE** the proper shirt size if you are registering for the youth sports leagues:

Selecting the proper shirt size is the responsibility of the parent/guardian. **SIZES MAY RUN SMALL.**

<b>Youth Size</b>	Small 6-8	Medium 10-12	Large 14-16
<b>Adult Sizes</b>	Small XLarge	Medium Other:	Large

## How did you hear about us?

Please let us know how you learned about our programs. Check the method that MOST applies...

<input type="checkbox"/>	The Guide	<input type="checkbox"/>	Visit to a Center
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other

<b>OFFICE USE ONLY</b>		Cash	Check	M/O	M/C	Visa	Discover	Staff Initial	Reg #	W/I	M	PH	FX		
Check/Card Name					Total	\$	Date Entered	Household ID	HA	HE	MA	NCC	PI	SM	
Check/Card #					Card Exp			Security #	SO	ST	WA	RPT	LK	NP	DMV