

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 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		

Participant/Child's Information		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, inclement weather, or unavoidable/extenuating circumstances. I, agree to participate or as the child's parent and/or guardian, I 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. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. 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 as a participant, or I as the child's parent and/or guardian, do hereby authorize the Charles County Government to take photographs and video of me/my child or my property for promotional and/or educational purposes. I do hereby authorize the Charles County Government to release the information for promotional purposes. I acknowledge that I have been informed that activities in which I/or my child participate may be shared through Charles County Government and Charles County Recreation, Parks and Tourism website and social media accounts, including photographs and live streaming videos, and I authorize and provide my consent for me/my child to being included in any such photographs or live streaming videos. I hereby state that this release 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

Youth Sports League Registration

Program Title			
League Code		Grade	
Middle School			
Height		Weight	
Experience in Years (Please provide number of years child has played this sport in an organized league.)			
I/my child will abide by the Code of Conduct. (Must initial)		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.			
Amount/Fee Due \$ _____			

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.**

Youth Size	Small 6-8	Medium 10-12	Large 14-16
Adult Sizes	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

OFFICE USE ONLY	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		