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# HEREFORD RECREATION OFFICE 2017 SUMMER CAMP NEWSLETTER

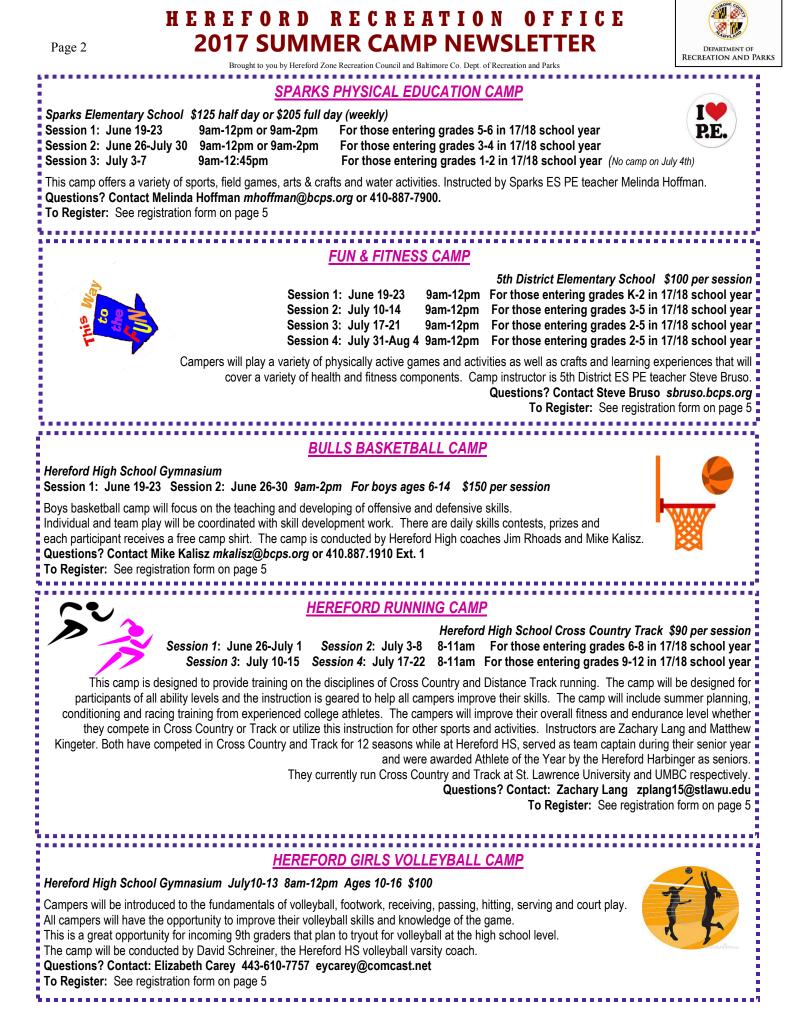


Therapeutic Office 410-887-5370 (voice) or 410-887-5319 (TTY/Deaf)

Hereford Recreation Office 17301 York Road Parkton, MD 21120 410.887.1938

These programs are neither sponsored by nor endorsed by BCPS





### HEREFORD RECREATION OFFICE 2017 SUMMER CAMP NEWSLETTER

### BULLS FIELD HOCKEY CAMP







## HEREFORD RECREATION OFFICE 2017 SUMMER CAMP NEWSLETTER



Brought to you by the Hereford Zone Recreation and Parks Council and Baltimore County Department of Recreation and Parks



Should you require special accommodations (i.e. sign language, interpreter, large print, etc.) please give as much notice as possible by calling the Therapeutic Office At 410-887-5370 (voice) or 410-887-5319 (TT/Deaf).

DEPARTMENT OF RECREATION AND PARKS

Hereford Recreation Office 17301 York Road Parkton, MD 21120 410.887.1938



#### 2017 SUMMER CAMP REGISTRATION FORM

BALTO. COUNTY DEPT. OF REC. AND PARKS / HEREFORD ZONE RECREATION AND PARKS COUNCIL

The participant should complete this registration form, or if the participant is a minor/child, the legal authorized parent or guardian of minor/child participant must complete and sign.

Enrollment Information: Participant's Name:		Date of Birth: _	//	_ Male: Fe	emale:
Street Address:		Home Phone:			
City/State:	Zip Code:	Parent's E-Mail:			
School Attending	T-Shirt Size	-			
Emergency/Health Issues:					
In case of emergency, please notify (if	minor/child participant, provide p	parent's information or Guardi	ian, as appropriat	:e).	
Name:	Relationship:	Home Phone	Cell	Phone	
Name:	Relationship:	Home Phone	Cell	Phone	
Physician's Name:	Physicia	an's Phone:			_
Name of Medical Provider:		Date of last tetanus imm	unization:		_
Any medical, psychological, or behavior	al conditions we should be awar	e of (bee stings, food allergies	s, etc.)?		_
1. Are there any medical, health factors Yes No	$\mathfrak s$ or limitations that might affect $\mathfrak p$	participant's performance in th	he activity?		
2. Is participant taking any medications Yes No	; or have a condition that may af	fect participant's safety or per	formance in the	activity?	
3. Is participant required any special ac Yes No	commodations (due to disability)	) to participate in the activity?	,		
If yes, please explain:					
In case of injury or emergency, I for the collectively "I" for this registration form tion Council, in writing, of any medical ticipation in or throughout the activity.	) give permission for an activity i	representative to call 911 and	l transport partici	pant to a hospital.	I shall inform the Recrea-
Signature of participant or, if minor, of	parent/guardian:			Date:	
ACKNOWLEDGEMENT, WAIVER AN	D RELEASE OF LIABILITY:				
I hereby confirm participant is in good death. I fully accept and acknowledge the participant in the activity. I further	the activities may in involve risk	k, and I hereby assume the r	isk and responsib	ility for all dangers	
I acknowledge Baltimore County, Mary pant, entity, party or person involved i ees, contractors, successors and assign regard or manner for any and all prop thereto as a result of his/her participati	n any regard with the activity or ns (each on "activity representati erty damage or bodily injury (in	the activity premises and the ive" and collectively the "activ	eir respective age vity representativ	ents, personal repre es"), shall not be re	esentatives, heirs, employ- responsible or liable in any
I have read, fully understand, and her covenant not to sue, waive my rights a					

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes through the course of the activity. I shall present a government-issued photo identification card including, but not limited to, my drivers license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the recreation council.

Signature of Participant (if over 18) OR of parent/guardian (if under 18):	Date:
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Print Name of Signatory: \_\_\_\_\_

\_\_\_\_\_Relationship to Participant: \_\_\_\_

<u>REGISTRATION INFORMATION</u> MAIL COMPLETED REGISTRATION FORM AND CHECK (s) (separate check for each camp please) MADE PAYABLE TO 'HZRPC' TO: HEREFORD RECREATION OFFICE—SUMMER CAMP 17301 YORK ROAD PARKTON, MD 21120