



Use this form to register for BOTH **Montgomery Parks** AND **Montgomery County Recreation** activities.*

Use este formulario para activides de **LOS DOS Montgomery Parks** Y **Montgomery County Recreation**.*

* Required Info | Info Requerida

REGISTRATION FORM | FORMULARIO DE INSCRIPCIÓN

☐ Check here if this is a new address, phone number or email address. Please print. This form may be copied.

☐ Marque aquí si esta es una dirección nueva, teléfono o dirección de correo electrónico. Por favor imprima. Este formulario puede ser reproducido.

PARENT/GUARDIAN | PADRE/GUARDIÁN

Last Name Apellido *	First Name Nombre *	Birthday Fecha de nacimiento (mm/dd/yy) *	Email
Address Dirección *		City Ciudad *	State Estado * ZIP Código Postal *
Home Phone Teléfono de Casa *		Work Phone Teléfono de Trabajo	Cell Phone Celular

EMERGENCY CONTACT | EMERGENCIA CONTACTO

For participants under 18 | Participantes de 18

Name Nombre	Relationship Relación	Phone Telf.
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Participant s Name (Last, First) Apellido y Nombre del Participante	Birthday (mm/dd/yy) Fecha de Nacimiento (mm/dd/yy)	Sex Sexo	Activity Name Nombre de la Actividad	Activity Number Número	Fees * Costo *

*Non-County residents include an additional \$15 per participant, per activity for Montgomery County Recreation Department activities (not applicable for Parks activities)
*Incluya \$15 por participante, por actividades de Montgomery County Recreation si vive fuera del Condado (no aplica por actividades de Parques)

Total Program Fees:
Cantidad Total:

To which ethnicity do you identify most?

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino or Spanish Origin of Any Race
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Two or More Races
- ☐ Other _____
- ☐ Prefer not to answer

PAYMENT OPTIONS*

* Required Info | Información requerida

Total Program Fees \$ _____ CASH \$ _____
Non-Resident/Other Fees \$ _____ Check # _____ \$ _____
Total Fees Due \$ _____

Make checks and money orders payable to:
ActiveMONTGOMERY.

Mail checks to:
2425 Reedie Drive, 10th Floor, Wheaton, MD 20902

Will you need an ADA (Americans with Disabilities Act) disability accommodation (trained support staff, sign language interpreters, companion, Braille/large print, adaptive equipment, assistive listening/auxiliary devices, and/or audio description?)

☐ Yes ☐ No

If YES, please see below:

ADA Requests for Montgomery Parks

To request an accommodation for M-NCPPC, Montgomery Parks programs you must contact the Program Access Office at 301-495-2477 or email ProgramAccess@montgomeryparks.org.

ADA Requests for Montgomery County Recreation

To request an accommodation for Montgomery County Recreation, you must contact the Therapeutic Recreation and Inclusion Services Office at 240-777-6870 or email rec.inclusion@montgomerycountymd.gov.

IMPORTANT: Request should be made before the program begins.

SIGNATURE IS REQUIRED | *SE REQUIERE LA FIRMA*

Participant or Parent/Guardian Signature | Participante o Padre/Guardián Firma _____ Date | Fecha _____

The participant assumes all risks associated with participation in the program; neither the County nor Montgomery Parks/M-NCPPC assumes any liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, each participant is encouraged to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County and Montgomery Parks/M-NCPPC's use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images, and any audio recordings made of the participant's voice in whatever way the County and Montgomery Parks/M-NCPPC desires, including television, print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County and Montgomery Parks/M-NCPPC. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.

El participante asume todos los riesgos asociados con la participación en el programa; ninguno ni el Condado ni Montgomery Parks/M-NCPPC asume cualquier responsabilidad de lesiones daños debido a su participación en el programa. Debido a la naturaleza persistente de algunas actividades se alienta a consultar con un médico, se alienta a que cada participante consulte con su doctor sobre su capacidad física de participar en el programa. El participante consiente el tratamiento de emergencia. El participante también consiente que el Condado y Montgomery Parks/M-NCPPC's utilice las imágenes del participante y la posibilidad de mostrar fotografías videos, películas o imágenes electrónicas, y cualquier grabación de audio que se haga de la voz del participante en cualquier forma que el Condado y Montgomery Parks/M-NCPPC desee, incluyendo televisión, impresos, páginas del internet. Además, el participante consiente que las fotos, películas, grabaciones, imágenes electrónicas serán propiedad única del Condado.