

**PERRY HALL RECREATION COUNCIL
PROGRAM REGISTRATION FORM**

Year 200__ Program_____ Returnee: ^{YES NO} Donation: \$_____

Name_____ Date of
Birth____/____/_____

Address_____ City_____ Zip_____

Phone #_____ Emergency #_____ Wgt._____
(Football/Wrestling Only)

E-Mail Address_____

The Perry Hall Recreation Council does not carry insurance to cover participants. The parent/guardian must assume all risks including transportation to and from activity and also waive any indemnity to the Perry Hall Recreation Council personnel for any injuries arising out of his/her participation. Please advise if there are any medical or other health factors that might affect you/your child's participation in this activity.

HEALTH FACTORS: _____

I hereby state that I/my child am/is in good health and able to participate in this program. I further acknowledge that I have read and fully understand the above-mentioned facts, as well as the Parents' Code of Ethics and the fact that the Baltimore County Department of Recreation and Parks does not provide background checks on volunteers. I certify that all answers, to the best of my knowledge, are true and correct. I understand that registration fees are not refundable.

SIGNATURE: _____

PARENT/PARTICIPANT (if over 18) **DATE**
Father will help: Mother will help:

REGISTRATION FEES ARE NON-REFUNDABLE AND ARE NOT TAX DEDUCTIBLE