

Use this form to register for both Montgomery Parks and Montgomery County Recreation activities.*

* Required Info

REGISTRATION FORM

Check here if this is a new address, phone number or email address since your last registration. Please print or type. This form may be copied.

Head of Household or Organization

Last Name*	First Name *	Email *		
Address *		City *	State *	ZIP *
Home Phone *	Work Phone	Cell Phone	Birthday (mm/dd/yy) *	

EMERGENCY CONTACT For participants under 18

Name	Relationship	Phone
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Participant's Name (Last, First)	Birthday (mm/dd/yy)	Gender	Activity Name	Activity Number	Fees *
<input type="checkbox"/> *Non-County residents include an additional \$15 per participant, per activity for Montgomery County Recreation activities (not applicable for Parks activities)					Total Program Fees:

To which race do you identify most?

- Asian or Pacific Islander
- Black or African American
- White
- Other
- Prefer Not to Answer/
Organization Account

PAYMENT OPTIONS*

Total Programs 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

Are you Hispanic or Latino?

- Yes
 No Prefer Not to Answer/Organization Account

Is there another language other than English spoken at home?

- Yes
 No Prefer Not to Answer/Organization Account

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 301-495-2581 or email ProgramAccess@montgomeryparks.org.

ADA Requests for Montgomery County Recreation

Montgomery County Recreation is committed to compliance with the Americans with Disabilities Act (ADA). Please contact 240-777-6840 or rec.inclusion@montgomerycountymd.gov to request accommodations.

IMPORTANT: Request should be made before the program begins.

SIGNATURE IS REQUIRED

Participant or Parent/Guardian Signature _____ Date _____

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.