



Talbot County Parks and Recreation

10028 Ocean Gateway

Easton, MD 21601

410-770-8050

**Rick Towle, Director
Parks and Recreation**

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Registration Form

Name of Program(s): _____

Day (if applicable): _____ Session (if applicable): _____ Level _____

Time of Program (if applicable): _____

Program Fee \$ _____ Total \$ _____ Payment Type: _____

Name of Participant: _____

Mailing Address _____

City, State, Zip _____

Date of Birth: _____ Male _____ Female _____ Home Phone _____

Cell phone: _____ Work Phone: _____

E-mail Address _____

Medical Concerns: _____

Emergency Contact: _____ Relationship: _____

Phone Number of Emergency Contact: _____

PERMISSION FOR PHOTOGRAPHS

Occasionally, photographers will take photos of program participants for publication and or our web site. Please check below your preference for the above named participant regarding photos.

YES, I give permission for photos. NO, I do not give permission for photos.

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program(s) offered by the Talbot County Department of Parks and Recreation or any affiliated program.

Date: _____

Signature: _____

TALBOT COUNTY DEPARTMENT OF PARKS AND RECREATION

HEALTH HISTORY FORM

(NOTE: ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

Name: _____ Date of Birth: ____ - ____ - ____ Sex: _____ Age: _____
(Last) (First) (Initial)

Parent/Legal Guardian (if a minor) _____ Phone Number: (____) _____

Address: _____
(Street) (City) (State) (Zip)

Emergency Contact (1): _____ Phone Number: (____) _____

Emergency Contact (2): _____ Phone Number: (____) _____

Name of Family Physician: _____ Phone Number: (____) _____

Date of last physical examination: _____ Date of Last Tetanus Shot: _____

Health History (Check all that Apply)

Frequent Ear Infections	_____	Heart Defect/Disease	_____
Convulsions	_____	Diabetes	_____
Bleeding/Clotting Disorders	_____	Hypertension	_____
Mononucleosis	_____	Psychiatric Treatment	_____

Diseases (Check all that apply)

Chicken Pox	_____	Measles	_____
German Measles	_____	Mumps	_____

Allergies (Check all that apply)

Hay Fever	_____	Poison Ivy	_____
Insect Stings	_____	Penicillin	_____
Other Drugs	_____	Asthma	_____
Other (Specify Below)	_____		

Do you carry family medical hospital insurance: YES _____ NO _____

If so, indicate: Carrier _____ Group or Policy #: _____

My child requires special accommodations/needs: yes _____ no _____ Please list: _____

Important – This Box Must Be Completed for Attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician and/or hospital to secure and administer treatment, including hospitalization, for me or my child as named above. The completed forms may be photocopied for the class instructors or field trips for summer camp.

Signature of applicant _____ Date _____

or Parent/Legal Guardian (if a minor) _____ Date _____