

REGISTRATION FORM

- Complete the registration form, making sure all information is current and correct. Parent/guardian information is vital in the event of an emergency; please include all pertinent information in the space provided. Ocean City Recreation and Parks is not responsible for lost or late mail.
- Make sure you record the PROGRAM NUMBER listed next to each program name on your registration form.
- Read and sign the waiver statement located at the bottom of the registration form.
- Mail checks or money orders only. Make checks payable to: TOWN OF OCEAN CITY. You may also pay with a VISA, MasterCard or American Express. FULL PAYMENT is required at the time of registration unless noted otherwise. All forms mailed or delivered in person will be processed in the order we received them.
- We will contact you by phone or by mail if there is a problem with your registration.
- Questions? Call Ocean City Recreation and Parks at (410) 250-0125. Fax (410) 250-5409.

Due to the strenuous nature of some activities, the participant is urged to consult his or her physician concerning fitness to participate. All activities present certain inherent risks and hazards which the participant is urged to consider and which the participant assumes.

Mail this form to:
 Registration, Ocean City Recreation & Parks,
 200 125th Street, Ocean City, MD 21842

Please make extra copies of this form for future use.

Please Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Ocean City Resident (OCR) | <input type="checkbox"/> Town of Ocean City Property Owner (OCL) |
| <input type="checkbox"/> Town of Ocean City Employee (OCE) | <input type="checkbox"/> Town of Ocean City Volunteer Firefighter (OCF) |
| <input type="checkbox"/> Resides in Worcester County (WCR) | <input type="checkbox"/> Non-Resident (NR) |

Participants' Name(s)	M/F	Birth Date	Grade	Age	Program Number	Program Description	Price
Last First		MM/DD/YY			Section (if applicable)		

Parent, Guardian, or Adult Participant Information:

Last Name: _____ First Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ E-mail Address: _____

Ocean City Property Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Phone & Contact: _____

Insurance Company: _____ Policy Number: _____

Credit Card Company (circle one) VISA, MASTERCARD or American Express

Credit Card Number: _____ Exp. Date: _____

Additional Comments (if requested in registration information): _____

Would you be interested in becoming a sponsor? _____ For which activities? _____

Would you be interested in volunteering as a coach or a Special Events Assistant? _____

Make Checks Payable to: Town of Ocean City Total Amount Enclosed: _____

WAIVER STATEMENT (MUST BE SIGNED)

I do for myself, my heirs, and assigns, waive and release any and all claims to damage against the Town of Ocean City Recreation and Parks Department and its agents or authorized representative(s) conducting the above listed program(s) as a result of any and all injuries incurred by the above listed participant(s) from, or while participation in said program(s). *Participants may at some time be photographed for publicity purposes.

SIGNATURE: _____ DATE: _____