

# Washington County Recreation Department **REGISTRATION FORM**

| Primary Head of Household<br>First/Last Name                                                                                 | Birthdate     | Gender                 | Home Phone #    | Work Phone #  | Cell Phone # |    |
|------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|-----------------|---------------|--------------|----|
|                                                                                                                              |               |                        |                 |               |              |    |
| Home Address                                                                                                                 |               | City                   |                 | State         | Zip Code     |    |
|                                                                                                                              |               |                        |                 |               |              |    |
| Secondary Head of Household<br>First/Last Name                                                                               | Birthdate     | Gender                 | Home Phone #    | Work Phone #  | Cell Phone # |    |
|                                                                                                                              |               |                        |                 |               |              |    |
| PROGRAM<br>REGISTRATION #<br><small>(6 Digit number &amp; letter listed with<br/>each program description)</small>           | PROGRAM TITLE | NAME OF<br>PARTICIPANT | GENDER<br>(M/F) | DATE OF BIRTH | FEE          |    |
|                                                                                                                              |               |                        |                 |               | \$           |    |
|                                                                                                                              |               |                        |                 |               | \$           |    |
|                                                                                                                              |               |                        |                 |               | \$           |    |
|                                                                                                                              |               |                        |                 |               | \$           |    |
| Please indicate payment type: cash,<br>check, money order, credit<br>Make checks payable to:<br>Washington County Treasurer. | CASH          | CHECK                  | MONEY<br>ORDER  | CREDIT        | TOTAL FEES   | \$ |
|                                                                                                                              |               |                        |                 |               |              |    |
| SIGNATURE of participant or<br>parent/guardian if under 18yrs                                                                |               |                        |                 |               | Date         |    |
| Email Address                                                                                                                |               |                        |                 |               |              |    |

| CREDIT CARDS ACCEPTED: Discover, Master Card, Visa |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME ON CARD                                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| CARD ADDRESS                                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| ZIP CODE                                           |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| CARD NUMBER                                        |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| EXPIRATION DATE (MM/YY)                            |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |

**Make checks payable to:  
Washington County Treasurer.**

Drop off or mail registration & payment to:  
Washington County Recreation Department  
11400 Robinwood Dr. Hagerstown, MD 21742

Located in the ARCC gymnasium  
on the campus of Hagerstown Community College;  
2nd Floor Room 227  
CONTACT: 240-313-2805  
FAX: 240-313-2806  
WEB: [www.WashcoRecFit.com](http://www.WashcoRecFit.com)



Authorization for use of Visual Likeness: I do hereby consent and agree that the Washington County Recreation Department, its employees and agents have the right to record visual images of the above individual (s) for the purpose of promoting and publicizing Department programs and events, and warrant that I have the authority to do so on their behalf. I hereby release to the Department all rights to exhibit this work in print and electronic form and waive any rights, claims, or interest they may have to control or receive compensation for the use of any likeness in whatever media used.

Waiver of liability for injuries: I understand that accidents may occur during participation in the recreation programs in which the above individual (s) are enrolled. I assume for them by their participation in these programs, the risk of injury or death. I will inform the Recreation Department of any injury as soon as practicable. I agree to release, hold harmless, indemnify, and covenant not to sue the Department, the County Commissioners, Washington County Public Schools, their agents, employees and volunteers for any loss or liability that may result or any claims that may arise out of these programs.