Registration Form
Washington County Recreation Department
11400 Robinwood Drive, Hagerstown, MD 21742
Phone: 240.313.2805
www.washcorecfit.com

Primary Head of Household _____ Phone_____ E-mail_____
Address_____ City_____ State_____ Zip Code _____
Emergency Contact's Name_____ Emergency Contact's Phone _____
Alternative Phone Number _____

Program Registration

Participant's Name	Gender	DOB	Program Name	Program #	Fee
					TOTAL

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
Hagerstown Community College;
2nd Floor Room 227
CONTACT: 240-313-2805
FAX: 240-313-2806
WEB: www.WashcoRecFit.com

☐ Cash

☐ Check or Money Order

☐ Credit Card (fill out the information below)

NAME ON CARD	
CARD ADDRESS	
ZIP CODE	
CARD NUMBER	
EXPIRATION DATE (MM/YY)	/

Authorization for use of Visual Likeness: I do hereby consent and agree that the Washington County Recreation Department, it's 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.

Signature: _____ Date: _____
(Parent/Guardian's signature if participant is under the age of 18)