OCEAN CITY RECREATION & PARKS DEPARTMENT

200 125TH STREET, OCEAN CITY, MD 21842

Phone 410-250-0125 | Fax 410-250-5409 | Rain Hotline 410-250-2124

Visit our websites at www.oceancitymd.gov and www.camps.oceancitymd.gov

REGISTRATION FORM							
Participant's	M/F	Age	Grade		Program	Program	Price
Last Name First Name					Number	Description	
Please check all that apply		Reside	ent (OCR)	⊥ □ Town	Employee (OC	E)
Troube criteria un trada upprij	□ OC Resident (OCR) □ Town Employee (OCE) □ Worcester County Resident (WCR) □ OC Property Owner (Company)						
□ OC Volunteer Firefighter (OCF) □ Non- Resident (NR)							()
Parent, Guardian, or Adult Part				<u> </u>		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
Last Name:			First N	ame:			
Mailing Address:Street		 		City	State	Zip Code	
Ocean City Property Address:							
Home Phone:V							
Tiome i nonev	VOIKIIII	one			iii i iioiie		
E-mail Address(s): The e-mail information collected will be u							
other companies and/or sites.						id or forwarded to	
Emergency Contact Name & Phone	Info:	Name				Phone	
If faxing in your registration, please	contac		fice at 410	-250-0125 w	rith payment infor		
provide number below:							
Credit Card Number Exp. Date							
Would you be interested in becoming a	sponso	r?		_ and/or volu	nteer?		
Make Checks Payable to: TOWN OF	OCEA	N CITY	Total A	mount Enclo	sed:		
How did you hear about our programs?	(Chook	all tha ar	anlıı\ □ Tav	un of OC Wok	noite or Affiliated Li	nk □ Tolovicion	
□ Newspaper □ Radio □ Other Website	e ⊟ Sch	an the ap ool Flye	r □ Recre	ation Dept Br	ochure	nk Television	
□ Other		-					
WAIVER STATEMENT (MUST BE							
I do for myself, my heirs, and assigns, wai Recreation and Parks Department and its							
a result of any and all injuries incurred by	the above	listed pa	articipant(s)				
*Participants may at some time be photog Please Note: Due to the strenuous nature				nant is urged	to consult his or her	nhysician	
concerning fitness to participate. All activi	ties prese	ent certair	n inherent ri	sks and hazar	ds which the particip	ant is urged to	
consider and which the participant assume	es.						
SIGNATURE:				DATE			

