



Registration Form

200 125th Street, Ocean City, MD 21842

P: 410-250-0125 F: 410-250-5409

www.oceancitymd.gov/rec

Participant Name Last, First	M/F	AGE	GRADE	D.O.B	PROGRAM #	PROGRAM NAME	PRICE

CHECK ALL THAT APPLY: OC RESIDENT TOWN OF OC EMPLOYEE OC PROPERTY OWNER
 WORCESTER CO. RESIDENT NON-RESIDENT OC VOLUNTEER FIREFIGHTER

Parent / Guardian / Adult Participation Information:

Name (Last, First) _____

Mailing Address _____

OC Property Address _____

Home # _____ Work # _____ Cell # _____

Email Address _____

Emergency Contact Name _____ Phone _____

Interested in becoming a sponsor? _____ And/or volunteer? _____

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

**If faxing in your registration, please contact our office at 410-250-0125 with credit card information*

WAIVER STATEMENT (MUST BE SIGNED & MUST BE 18 YEARS OR OLDER)

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 participating in said program(s). *Participants may at some time be photographed for publicity purposes. Please Note: 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.

SIGNATURE: _____

DATE: _____