

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.ocsportsamps.com.

Mail or fax this registration form to the mailing address and/or fax number above

REGISTRATION FORM

Participant's Last Name	First Name	M/F	Age	Grade	Birthdate	Program Number	Program Description	Price
Please check all that apply		<input type="checkbox"/> OC Resident (OCR)			<input type="checkbox"/> Town Employee (OCE)			
		<input type="checkbox"/> Worcester County Resident (WCR)			<input type="checkbox"/> OC Property Owner (OCL)			
		<input type="checkbox"/> OC Volunteer Firefighter (OCF)			<input type="checkbox"/> Non- Resident (NR)			

Parent, Guardian, or Adult Participant Information:

Last Name: _____ First Name: _____

Mailing Address: _____
Street City State Zip Code

Ocean City Property Address: _____

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

E-mail Address(s): _____

The e-mail information collected will be used only by the Ocean City Recreation center and will not be sold or forwarded to other companies and/or sites.

Emergency Contact Name & Phone Info: _____

Name Phone

If faxing in your registration, please contact our office at 410-250-0125 with payment information or provide number below:

Credit Card Number _____ Exp. Date _____

Would you be interested in becoming a sponsor? _____ and/or volunteer? _____

Make Checks Payable to: **TOWN OF OCEAN CITY** Total Amount Enclosed: _____

How did you hear about our programs? (Check all the apply) Town of OC Website or Affiliated Link Television
 Newspaper Radio Other Website School Flyer Recreation Dept Brochure
 Other _____

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:** _____

Current March 2017