



**Frederick County Division of Parks & Recreation
2017-2018 Recreation Center Youth Participation Form**

YOUTH (18U)

Participant's Name	Date of Birth	Email address
	/ /	
	/ /	
<input type="checkbox"/> Foreman Field <input type="checkbox"/> Centerville Rec Center <input type="checkbox"/> Deer Crossing Rec Center <input type="checkbox"/> Middletown Rec Center		<input type="checkbox"/> Oakdale Rec Center <input type="checkbox"/> Thurmont Rec Center <input type="checkbox"/> Tuscarora Rec Center <input type="checkbox"/> Walkersville Rec Center

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone Number _____

Emergency Contact Name _____ Emergency Phone # _____

Please check **YES** or **NO** if any of the participants listed above have any existing medical conditions or severe allergic reaction about which we should be aware.

If yes, please include participant's name and medical condition(s):

Please list any adults (ages 16+) in addition to emergency contacts above, that that have permission to sign participant(s) out of program. We require for ID to be checked for an adult to pick a youth participant up from our program.

Name	Relation	Phone #

Please check **YES** or **NO** if your child is 12 years or older and has your permission to check themselves in and out of this program and provide their own transportation home.

Waiver of Liability: By my signature below, I acknowledge that there are inherent risks and dangers associated with recreation program/s and therefore, I hold Frederick County Maryland harmless from all claims for injuries, damage, or loss which may result from my, or my child(ren)'s participation in this program.

Serious Injury: All precautions will be taken to prevent serious health risks or injuries to participants. In the event that a non-life threatening injury or health problem occurs, a parent/guardian will be contacted immediately. In the event that a life-threatening injury or health problem occurs: 1) Parent/guardian/emergency contact will be immediately contacted; if we are unable to be immediately connect to parent/guardian/emergency contact, the following procedures will be taken: 1) 911 will be called. 2) Immediate medical care will be administered at the site by center staff until professional services arrive. 3) Professional services will provide care as they determine 4) Incident will be recorded on a FCP&R Form, listing all medical care and first aid procedures administered. *Frederick County does not pay for treatment due to injury or illness; health treatment costs are the responsibility of the parents/guardians*

Authorization for use of Photographic Likeness: I agree to allow FCP&R to take and utilize photos, slides, and video images of the participant(s) for the purpose of promotion and publicizing of the Division's programs and/or events. If I prefer to not allow the below registered individual(s) to be photographed, I will note that during the registration process.

Concussion Awareness: In compliance with Maryland HB 858 and SB771, I hereby acknowledge that I have received the information regarding concussions published by the United States Division of Health and Human Services Centers for Disease Control and Prevention (CDC) and have shared this information with my child(ren) or athlete(s). For additional information I understand that I may go to www.cdc.gov/concussion/sports.

Disciplinary Policy: I understand that the Division has a discipline policy for conduct in recreation programs and facilities. In the event that I/my child is asked to leave a program or facility, I understand that the registration fee will not be refunded to me.

Participant's Signature: _____ Date: _____
 (Parent/Guardian's signature if participant is under 18 years)

PLEASE TURN OVER AND READ AND SIGN BACK OF FORM →

**Frederick County Division of Parks & Recreation
Code of Conduct**

I will: Treat other participants with respect at all times.
Get along with, and cooperate with, other participants.
Never use profanity.
Never physically hurt another participant or staff member.

I will: Treat the staff with respect at all times.
Listen and follow all given instructions/directions from the staff.
Ask the staff to explain any rules I do not understand.

I will: Use the equipment only for the purpose it is intended.
Respect the facility.
Participate in a safe manner at all times.
Participate to the best of my ability.

If I cannot participate according to this Code of Conduct, then depending on the seriousness of the offense(s), any or all of the following consequences may occur:

- Verbal Warning
- Removal from activity/time-out
- Parent notification
- Suspension from the program (no refund, full or partial, of registration fee)
- Expulsion from the program (no refund, full or partial, of registration fee)

I have read the Code of Conduct and agree to follow it.

Participant's Signature: _____ Date: _____

I have discussed the Code of Conduct with my child and we agree to follow it.

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

