



City of Annapolis
 Recreation and Parks Department
 273 Hilltop Lane
 Annapolis, MD 21403-1542



annapolis | recreation & parks
 Healthy Living Starts Here.

recpark@annapolis.gov • 410-263-7958 • Fax 410-626-9731 • TDD use MD Relay or 711 • www.annapolis.gov

2020 COMMUNITY ENRICHMENT CAMP REGISTRATION FORM

CAMP FEE: City of Annapolis Resident \$100 / Non-Resident \$117

In order for a successful registration, the following forms along with full payment must be completed and turned in at the time of registration. The forms include Registration Form, Participant Health and Information Form, Transportation & Swimming Permission Form, and Special COVID-19 Participation Agreement.

Camp will run June 29 – August 7
Camp will ONLY run Monday, Wednesday & Friday.
NO CAMP TUESDAY OR THURSDAY
Ages 6-12
#1903

Participant Name _____ Date of Birth _____ Age _____
 Grade Completed as of June 2020 _____ Sex (check one) F M
 Primary Parent/Guardian _____ Contact Phone _____
 Secondary Parent/Guardian _____ Contact Phone _____
 Participant Address _____
 City _____ State _____ Zip _____
 Primary Phone _____ E-mail Address _____
 1st Emergency Contact Name and Phone _____
 2nd Emergency Contact Name and Phone _____

CAMP SCHEDULE: Camp runs daily from 10 am to 2 pm

Camp Drop-off and Pick-up is at Truxtun Park Collison Ballfield (across from the pool) at 251 Pumphouse Rd.
Camp drop-off and pick up is available from 9:30 to 10 am and 2 to 2:30 pm, respectively.

WAIVER: I, either for myself and/or for my minor child, hereby recognize, understand and acknowledge that the City of Annapolis and its Recreation & Parks Department ("ARPD") are not responsible for any personal injury, illness, damages resulting from personal injury or illness, including death, or property damage/loss suffered while participating in ARPD activities, programs, volunteer events, using any ARPD equipment or facilities, or while on any ARPD property or facility (collectively, the "Recreation Activities"), for any reason whatsoever, including ordinary negligence on the part of the City, ARPD, and its elected officials, appointees, directors, employees, instructors, contractors, representatives, or agents (the "City Parties"). In consideration of my and/or my minor child's ability to participate in the Recreation Activities, I hereby, on behalf of myself and/or my minor child, release and covenant not to sue and release from all liability the City Parties for any and all claims, losses, damages, and suits resulting from participation in the Recreation Activities, both present and future, that may be made by me, or my family, estate, heirs, or assigns on behalf of myself and/or my minor child. I represent that I and/or my minor child is in good health, that I am aware and understand that health and fitness activities may range from vigorous cardiovascular activity to the exertion of strength training and that these and other Recreation Activities involve certain risks, including but not limited exposure to viruses, infections or other germs, and I and/or my minor child is voluntarily participating in the Recreation Activities with full knowledge of the inherent risks of property damage, personal injury, illness, and/or death. I understand that ARPD encourages everyone to consult a physician before beginning any exercise program or undertaking any fitness activities.

I hereby understand, acknowledge and agree on behalf of myself and/or my minor child that I and/or my minor child may be photographed or videotaped during Recreation Activities. These photographs and/or videos may be used by the City or ARPD, without any notice or permission, in its own publications, in local or online media, or on other social media platforms for advertising, marketing, promotional or other uses.

I understand this waiver on behalf of myself and/or my minor child to be as broad and inclusive as the laws of the State of Maryland will permit, and affirm that I am of legal age to freely signing this waiver on my behalf and/or on behalf of my minor child. I have read this waiver, fully understand the terms of this waiver, and hereby agree to waive the rights specified in this waiver on my behalf and on behalf of my minor child.

Parent/Guardian Signature _____

Date _____