



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



annapolis | recreation & parks  
 Healthy Living Starts Here.

[RecPark@annapolis.gov](mailto:RecPark@annapolis.gov) • 410-263-7958 • Fax 410-626-9731 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## Child Care Registration Form 2023-2024

Fill in Completely and Sign Where Indicated.

Please indicate which school your child will be attending, and if you will need AM Care, PM Care, or both (check all that apply)

<b>Annapolis Elementary</b>	_____	<b>*AM</b> _____	<b>PM</b> _____
<b>Georgetown East Elementary</b>	_____	<b>*AM</b> _____	<b>PM</b> _____
<b>Germantown Elementary</b>	_____	<b>*AM</b> _____	<b>PM</b> _____
<b>Hillsmere Elementary</b>	_____	<b>*AM</b> _____	<b>PM</b> _____
<b>Mills-Parole Elementary</b>	_____	<b>*AM</b> _____	<b>PM</b> _____
<b>West Annapolis Elementary</b>	_____	<b>*AM</b> _____	<b>PM</b> _____

**\* Deadline for AM care registration is July 1, 2023. AM care may be cancelled due to low registration.**

Billing will be based on a 9-month schedule, Sept-May (No June Payment – we do not prorate months)

A non-refundable registration fee of \$35.00 is due with this application.

AM Care is \$120 per month

PM Care is \$300 per month

We must have a valid working e-mail address on file.

Participant Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade completed June 2023: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Non-Binary \_\_\_

Primary Contact: \_\_\_\_\_ Contact number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

### 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, damages resulting from personal injury, 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, 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 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 \_\_\_\_\_