14421 Lake Royer Drive, P.O. Box 755, Cascade, MD, 21719 / 301-241-5085

PROGRAM REGISTRATION FORM
Kid's Club 2021-2022 School Year

Parent/ Guardian Name Child's Name Birthdate Age Gender

Email Address Home Phone# Cell Phone#

Home Address City State Zip Code

Emergency Contact Person Best Phone#

Are there any health issues including physical, psychiatric, or behavioral, of which we need to be aware? NO YES
If yes, please explain_____

Are there any dietary restrictions, allergies, or other special needs that we need to be aware of to ensure that your child's experience is positive? NO YES
If yes, please explain. _____

Authorization for use of Visual Likeness: I do hereby consent and agree that the Fort Ritchie Community Center (FRCC), Its employees, and agents have the right to record visual images of the above individual(s) to promote and publicize FRCC programs and events, and warrant that I have the authority to do so on their behalf. I hereby release to FRCC all rights to exhibit this work in print and electronic form and waive any rights, claims, or interest they may have to control or receive compensation for the use of any likeness in whatever media used.

Waiver of Liability for Injuries: I do hereby assume full responsibility for and risk of bodily injury, death, or property damage due to negligence while in, about, or upon the premises of FRCC and/or while using the premises or any facilities or equipment thereon or while participating in any program affiliated with FRCC. I hereby release, alive, discharge, and covenant not to sue FRCC and all subsidiaries, affiliates, or parents thereof, and their respective directors, officers, employees, and agents from all liability to myself, my personal representatives, assigns, heirs, and next of kin for any loss, damage, and any claim or demand therefore on account of injury or death.

Signature: _____ **Date:** _____