



The City of Westminster



Recreation & Parks Department Registration Form

Name of Parent or Adult Registrant _____

Name & ages of Child(ren) _____

Home Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Program name _____

Program Date _____ Program Cost \$ _____

Please list any important allergies, info or instructions we may need for your child(ren): _____

Photographic Release: I permit the Recreation & Parks Department to use and publish photographs of me and/or my children for purposes of presenting recreational activities to the community. I also give my permission to release such photographs to the news media in support of the program. _____

(Please Initial)

The City of Westminster will charge a \$35 fee on any returned check received. All registration fees are non-refundable.

I agree to abide by all Rules and Regulations of The City of Westminster Recreation & Parks Department and the Westminster Family Center. On behalf of myself and my child, I agree to hold The City of Westminster, its agents, servants or employees harmless from any and all claims or liability arising from the conduct of any related activities. The undersigned further acknowledges and agrees that The City of Westminster shall not be liable for any acts, omissions or negligence of the leaders (or any of their agents, servants or employees) or other participants in the program. I hereby consent to my child's/children's participation in this/these programs.

ParentGuardianSignature _____ Date _____

Make checks payable to *City of Westminster*

Questions?? Call us at 410-848-9161 or got to *Recreation and Parks* at www.westminstermd.gov

Method of Payment: Payment is due at time of registration to secure reservation

Cash Check # _____ Visa MasterCard Discover (Circle One)

Card Number _____ Expiration Date _____ V-Code _____

Signature _____ Date _____