



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



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CAMP ANNAPOLIS REGISTRATION FORM

Participant Name _____ Date of Birth ____/____/____ Age _____
 Grade Completed as of June 2020 _____ Sex 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 FEE PER SESSION: City of Annapolis Resident \$240 / Non-Resident \$280. \$10 off for each multiple child.
IMPORTANT MESSAGE FOR REGISTRATION FEE: A non-refundable deposit of \$75 is required at time of registration for each session and each child. **Final full payment due for ALL camps by June 26, 2020.** All fees must be paid in full for any registrations after June 26, 2020.

CAMP SCHEDULE: Camp runs daily from 7:30AM-6:00PM with no extended care fees. Sprouts camp located at Germantown Elementary and Explorer, Pioneer, and Voyager located at PMRC daily.

SPROUTS – AGES 4-6			PIONEER – AGES 10-12		
Session/Date	Code	Check Box/es	Session/Date	Code	Check Box/es
I – June 29-July 10	#1786		I – June 29-July 10	#1794	
II – July 13-24	#1787		II – July 13-24	#1795	
III – July 27-Aug 7	#1788		III – July 27-Aug 7	#1796	
IV – Aug 10-21	#1789		IV – Aug 10-21	#1797	

EXPLORER – AGES 7-9			VOYAGER – AGES 13-15		
Session/Date	Code	Check Box/es	Session/Date	Code	Check Box/es
I – June 29-July 10	#1790		I – June 29-July 10	#1798	
II – July 13-24	#1791		II – July 13-24	#1799	
III – July 27-Aug 7	#1792		III – July 27-Aug 7	#1800	
IV – Aug 10-21	#1793		IV – Aug 10-21	#1801	

In order for a successful registration the following forms along with a non-refundable down payment of \$75 per session must be completed and turned in at the time of registration. Any registration after June 26, 2020 must be paid in full. The forms include Transportation/Swimming Form, Camper Health History and a Rock Climbing Wall waiver.

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 _____