



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

Annapolis Child Care Program Application 2019-2020

Fill in Completely and Sign Where Indicated.

The hours of operation and fees are below. Check all desired hours. *School Hours Subject to Change

AM:	7:00 AM – 9:30 AM	Fee:	\$117.00 per month
PM:	3:55 PM – 6:00 PM	Fee:	\$222.00 per month

Please note: Billing will be based on a 9-month schedule (Sept-May). A non-refundable registration fee of \$35.00 is due with this application.

Name of child: _____
 Date of birth: _____ Grade completed June 2019: _____ Age: _____ Sex: Male Female
 Mother's name: _____ Contact number: _____
 Father's name: _____ Contact number: _____
 Email address: _____
 Home address: _____ City: _____ St _____ Zip _____
 Allergies/health problems/medications: _____

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 _____

OFFICE USE ONLY

Registration confirmed and fee paid on _____ per _____