

POOLESVILLE PIRANHAS

PAYER'S: Last Name _____ First Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 PARTICIPANT'S Address _____ City _____ State _____ Zip _____
 (if under 18 years) Mother's Name _____ Email _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Father's Name _____ Email _____
 Home Phone _____ Work Phone _____ Cell Phone _____

| Participant's Name (last, first, middle initial) | Birthdate (mm/dd/yyyy) | Sex m/f | Activity Name | Course Number | Location | Start Time | Fees* |
|---|---------------------------|------------|------------------|------------------|--------------------------------|---------------|-------|
| | | | MCSL | 244632 | Western County Outdoor Pool | | |
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| Total Amount Due | | | | | | | |

* If you are a non-resident, include an additional \$10.00 per participant fee for each activity.

Withdrawal policy: Requests for withdrawal must be submitted in writing. If your written withdrawal request is received on or after the start date of the program, your credit will be pro-rated on the date the request is received. In addition all refunds and all written withdrawal requests received seven days or less before the start date of the program are subject to a \$20.00 withdrawal fee.

The Department of Recreation reserves the right to pursue all available options to collect any funds owed as the result of a dishonored check or credit cards, charges incurred due to unsubstantiated credit card disputes, or any outstanding debt. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.

Check or Money Order payable to MCRD; Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902

*****Registrations with MasterCard or VISA payments must be processed in-person or on-line at www.montgomerycountymd.gov/rec.*****

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after scheduled program.

Participant or Parent/Guardian Signature _____ Date _____