

HARFORD COUNTY DEPARTMENT OF PARKS AND RECREATION
Northern District

REGISTRATION FORM

FOREST HILL RECREATION COUNCIL

NAME: _____

Program: Youth Tennis

ADDRESS: _____

Date of Registration: _____

_____ Zip _____

Age group registering for: _____

Home Phone Number: _____

Days: _____ Time: _____

Email: _____

Registration Fee: _____

Date of Birth: _____

Registered by: _____

Emergency Phone Number: _____
(in case parents can't be reached)

Paid by: cash _____ / check# _____

(name)

NOTE: Registration Fees are **not** refundable!

Are there physical conditions or allergies the leader should be aware of?

I understand that I/my child will not be covered by any program insurance, and I agree that I will not hold the team, program, coach, instructor, or recreation council responsible for injuries received while participating in the above noted program. I also agree that I assume financial responsibility for the return or replacement of uniforms and equipment issued to me/my child.

Parent's Signature Date
(Parent's signature is required for participants under 18 years of age.)

Participant's Signature Date
(Adult Programs)

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Did the child participate in this program last year? Yes _____ No _____

If adult volunteer assistance is needed, would parent(s) be willing to help with the program? _____