



# Howard County

## RECREATION & PARKS

### Summer Camp Registration Form

Phone: 410-313-7275 (voice/relay) Fax: 410-313-4658

www.howardcountymd.gov/rap

7120 Oakland Mills Road, Columbia, Maryland 21046

RP \_\_\_\_\_ . \_\_\_\_\_

Course Number	Program Title	Participant Name
		<input type="checkbox"/> Male <input type="checkbox"/> Female / /
Address if Different From Payer		Date of Birth

RP \_\_\_\_\_ . \_\_\_\_\_

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		<input type="checkbox"/> Male <input type="checkbox"/> Female / /
Address if Different From Payer		Date of Birth

PAYMENT OPTIONS	<b>Cash/Check</b>	<input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Check # _____ \$ _____
	Make checks payable to <b>Director of Finance; Howard County</b> Mail to: Howard County Recreation & Parks, Attn: Registration, 7120 Oakland Mills Rd, Columbia, MD 21046	
	<b>Credit Card</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Last 4 digits of Card #: _____ Exp. Date: _____ CVC Code: _____  Account Holder Signature _____ Date _____  Account Holder Name (Print) _____	
<b>Electronic Check Payment</b>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing # _____ Account # _____		
Account Holder Signature _____ Date _____		
Account Holder Name (Print) _____		
Routing Number _____ Account Number _____		
<input type="checkbox"/> I would like to contribute \$ _____ to the HCRP Scholarship Fund.		

	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Name of Payer	Date of Birth	Home Phone

Home Address: Street	Work Phone 1	Cell Phone
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City/State/Zip	Email Address
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Completing the registration process today includes an understanding that you agree to all waivers and policies of Howard County Recreation & Parks. These waivers and policies can be found in our seasonal guides, online at [www.howardcountymd.gov/recandparksforms](http://www.howardcountymd.gov/recandparksforms) and on the bottom of your receipt. If you are unable to review this in our activity guide or online, our registration office can provide you written copies upon request.

My child(ren)'s immunizations are current.

Does the participant have a disability or any special accommodation request that we need to know about?

If yes, please explain. \_\_\_\_\_

Does the participant have an allergy that we need to know about?

If yes, please explain. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_