

TAKE A TRIP WITH MONTGOMERY COUNTY
RECREATION TO THE DOWNTOWN SILVER SPRING
BLOCK PARTY!

3 v 3 Basketball Tournament
Pop Up Skate Park
Art Activities
DJs
Food
Free

Registration is required and transportation will be provided to and from the school.

For more information, call 240-777-8080





Use this form to register for both Montgomery Parks and Montgomery County Recreation activities.\*

| * Required Info REGISTRATION FORM                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|---------------------|--------|--|
| Check here if this is a new address, phone number or email address since your last registration. Please print or type. This form may be copied.                                                                                                                                                                                                                                                                                                                       |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
| Head of Household or Organization                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
| Last Name*                                                                                                                                                                                                                                                                                                                                                                                                                                                            | First Name *       |                     |              | Email *                                                                                                                                                                                                                                               |                       |                 |                     |        |  |
| Address *                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |              | City *                                                                                                                                                                                                                                                | State * ZIP *         |                 | ZIP *               |        |  |
| Home Phone *                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone * Work Phone |                     |              |                                                                                                                                                                                                                                                       | Birthday (mm/dd/yy) * |                 |                     |        |  |
| EMERGENCY CONTACT For participants under 18                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                     | Relationship |                                                                                                                                                                                                                                                       | f                     | Phone           |                     |        |  |
| Participant's Name (Last, First)                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | Birthday (mm/dd/yy) | Gender       | Activity Name                                                                                                                                                                                                                                         |                       | Activity Number |                     | Fees * |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |              | Buckets and Beats 3V3 Basketball To                                                                                                                                                                                                                   | urnament              |                 | -                   | N/A    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |              | Buckets and Beats 3V3 Basketball To                                                                                                                                                                                                                   | urnament              | -               |                     | N/A    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |              | Buckets and Beats 3V3 Basketball To                                                                                                                                                                                                                   | urnament              |                 | -                   | N/A    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |              | Buckets and Beats 3V3 Basketball To                                                                                                                                                                                                                   | urnament              |                 | -                   | N/A    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |              | Buckets and Beats 3V3 Basketball To                                                                                                                                                                                                                   | urnament              | -               |                     | N/A    |  |
| *Non-County residents include an additional \$15 per participant, per activity for Montgomery                                                                                                                                                                                                                                                                                                                                                                         |                    |                     |              | County Recreation activities (not applicable for Parks activities)                                                                                                                                                                                    |                       |                 | Total Program Fees: |        |  |
| Transportation Authorization  Asian or Pacific Islander Black or African American White Other Prefer Not to Answer/  Transportation Authorization  Transportation by County Van and/or MCPS/Coach Bus will be provided by Montgomery County Recreation for any field trips associated with this program. Transportation will depart from and return to designated MCPS and/or MCR locations. Signature below authorizes permission for participant to be transported. |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
| Organization Account  Are you Hispanic or Latino?  Yes No Prefer Not to Answer/Organization Account  Is there another language other than English spoken at home?  No Prefer Not to Answer/Organization Account                                                                                                                                                                                                                                                       |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
| Will you need an ADA (Americans with Disabilities Act) disability accommodation (trained support staff, sign language interpreters, companion, Braille/large print, adaptive equipment, assistive listening/auxiliary devices, and/or audio description?)                                                                                                                                                                                                             |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
| Yes No If YES, please see below:                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
| ADA Requests for Montgomery Parks To request an accommodation for M-NCPPC, Montgomery Parks programs you must contact the Program Access Office at 301-495-2581 or email ProgramAccess@montgomeryparks.org.                                                                                                                                                                                                                                                           |                    |                     |              | ADA Requests for Montgomery County Recreation  Montgomery County Recreation is committed to compliance with the Americans with Disabilities Act (ADA). Please contact 240-777-6840 or rec.inclusion@montgomerycountymd.gov to request accommodations. |                       |                 |                     |        |  |
| IMPORTANT: Request should be made before the program begins.                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |
| *SIGNATURE IS REQUIRED* Participant or Parent/Guardian Signature Date                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                     |              |                                                                                                                                                                                                                                                       |                       |                 |                     |        |  |

The participant assumes all risks associated with participation in the program; neither the County nor Montgomery Parks/M-NCPPC assumes any liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, each participant is encouraged 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 and Montgomery Parks/M-NCPPC's use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images, and any audio recordings made of the participant's voice in whatever way the County and Montgomery Parks/M-NCPPC desires, including television, print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County and Montgomery Parks/M-NCPPC. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.