



**Annapolis Recreation and Parks
Department Headquarters**
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HILLSMERE CHILD CARE APPLICATION 2016-2017

FILL IN COMPLETELY AND SIGN WHERE INDICATED.

HILLSMERE A.M.: _____ HILLSMERE P.M.: _____

**School Hours Subject to Change*

THE HOURS OF OPERATION AND FEES ARE:

A.M.	.....	7:00 A.M. – 8:55 A.M.	.....	FEE	.....	\$110.00 PER MONTH
P.M.	.....	3:30 P.M. – 6:00 P.M.	.....	FEE	.....	\$215.00 PER MONTH

PLEASE NOTE: BILLING WILL BE BASED ON A 9-MONTH SCHEDULE. ANNUAL REGISTRATION FEE IS \$35.00 AND IS DUE WITH THIS APPLICATION (THE REGISTRATION FEE IS NON-REFUNDABLE.)

NAME OF CHILD _____

MOTHER _____ FATHER _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE _____ MOTHER WORK _____ FATHER WORK _____

DATE OF BIRTH _____ AGE _____ GRADE August 2016 _____

ALLERGIES/HEALTH PROBLEMS/MEDICATIONS: _____

WAIVER: I hereby recognize, understand and acknowledge that there are certain risks of personal injury involved in any sport, athletic or recreational activity, and with full knowledge of my minor child's physical capabilities or limitations, including any health conditions, I agree on my behalf and on behalf of my minor child to assume all such risks of personal injury and damages resulting from personal injury, including death and property damage and any other loss which my minor child may sustain as a result of participating in any and all programs, events, or activities on City of Annapolis property whether caused by the acts or omissions of the City, its elected officials, appointees, directors, employees, agents, contractors and representatives, directly or indirectly, and including but not limited to, the acts or omissions of other participants or players at the program, event, or activity. I understand and agree on my behalf and on behalf of my minor child that the City of Annapolis, its elected officials, appointees, directors, employees, agents, contractors and representatives, shall not be responsible for any personal injury or property damage my minor child incurs as a result of my minor child's participation in City of Annapolis programs, events, or activities. In consideration of the City of Annapolis accepting my minor child in its program, event, or activity, and with the intent to be legally bound, I hereby, for myself and my minor child, and all our respective heirs, personal representatives, successors and assigns, agree to forever release and discharge the City of Annapolis, its elected officials, appointees, directors, employees, agents, contractors and representatives, from any liability for personal injury or property damage sustained during participation in such program, event, or activity and while traveling to and from such program, event, or activity. I hereby agree not to sue the City of Annapolis or its elected officials, appointees, directors, employees, agents, contractors and representatives, for any and all liabilities, claims, demands, actions or causes of action resulting from personal injuries, including death and property damage and other loss to my minor child on account of my minor child's participation in any and all programs, events, or activities of the City of Annapolis or its Department of Recreation and Parks. I further hereby understand, and acknowledge on my behalf and on behalf of my minor child, that all participants, both adults and minors, may be photographed or videotaped during any City of Annapolis Recreation and Parks programs or events. These photographs and/or videos may be used by the City in its own publications, in local newspapers or magazines, Annapolis Recreation and Parks collateral, or on the City's website, Facebook account, Twitter account, Social Media accounts or YouTube account or other web albums to promote such Annapolis Recreation and Parks programs or events. I hereby understand, and voluntarily on my behalf and of behalf of my minor child, without further notice, to being photographed under such circumstances and for such purposes.

SIGNATURE OF PARENT/GUARDIAN DATE
OFFICE USE ONLY: REGISTRATION CONFIRMED AND PAID: _____ PER: _____