

**CITY OF LAUREL
DEPARTMENT OF PARKS AND RECREATION
SENIOR SERVICE OFFICE**

422 Montgomery Street
Laurel, Maryland 20707
(301) 776-6168

PARTICIPANT INFORMATION FORM

Name _____
Last First Middle

Address _____ County _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Driver's License # _____

Van Use: Yes _____ No _____ Possibly _____ Date of Birth _____

Companion Name _____ Company Name /# _____

REQUIRED INFORMATION

EMERGENCY CONTACT: In case of emergency, who should be notified, list two...

Name _____	Name _____
Address _____ _____	Address _____ _____
Telephone _____	Telephone _____
(work/cell) _____	(work/cell) _____
Relationship _____	Relationship _____

OPTIONAL INFORMATION

DOCTOR	TELEPHONE (____) _____
Disabilities, Medical Conditions:	
Medications:	

In registering myself, any member of my family or someone who provides me assistance for this program, I agree that I and all indicated will comply with all the rules of the program, and agree not to hold the City of Laurel or any of its employees, officials or agents liable in case of injury to me, any registered family member or someone who provides me with assistance, or damage to our property. I understand credits will only be issued if a program or trip is canceled.

DATE

PARTICIPANT SIGNATURE