



# Registration Form for Public Education Programs



- Some Public Education Programs do not have a Program Fee, but please note there is an entrance fee into the Sanctuary of \$6 per vehicle.
- If you are paying for a program and joining the Friends at the same time, you must send separate checks (one for membership and one for program fees.) Membership checks should be made out the Friends of Jug Bay and may be mailed with membership form when mailing in program registrations.
- For Canoe/Kayak programs: Please use the Canoe & Kayak Registration Form, with your \$20 per person fee.
- For Summer Camp, Home School Courses, and other programs with a Program Fee: Please print out and mail with the appropriate fee.

Please make checks for Program Fees payable to "Jug Bay Wetlands Sanctuary" and mail to 1361 Wrighton Road, Lothian, MD 20711.

For programs without a Program Fee, you may fax this form to 410-741-9346; or email to [programs@jugbay.org](mailto:programs@jugbay.org) . Please put "Jug Bay program registration" in the subject line.

### PLEASE PRINT ALL INFORMATION

Program Name and Date \_\_\_\_\_

Adult #1 \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

Adult #2 \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

Child #1 \_\_\_\_\_ Age\* \_\_\_\_\_

Child #2 \_\_\_\_\_ Age\* \_\_\_\_\_

Child #3 \_\_\_\_\_ Age\* \_\_\_\_\_

Age and birth date required only for those 18 and under.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_

If you or your child has a physical or mental condition that would limit his or her participation in our program and you believe we can accommodate the needs of your child, please contact us to request special accommodations.

In consideration of the Department of Recreation & Parks accepting me or my child(ren) in the program, I agree to release and discharge Anne Arundel County, its employees, and agents from any injuries sustained by my child or myself as a result of participation in this program. I agree to indemnify and hold harmless Anne Arundel County, its employees, and agents against any liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, its employees, and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing disability, including but not limited to allergies. The Department of Recreation & Parks will be notified of any such disabilities or sensitivities in writing prior to enrolling in this program. **\*Participant may at some time be photographed for use by Anne Arundel County for publicity purposes.**

\_\_\_\_\_  
Signature Adult #1/Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Adult #2/Parent or Guardian

\_\_\_\_\_  
Date