

**Please print out this registration form, complete one for each child attending, and return to**

**Bob Walsh, P.O. Box 249, Cabin John MD 20818**

Child's Name: \_\_\_\_\_ Skill Level: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street: \_\_\_\_\_ Alt Email Address: \_\_\_\_\_

City: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

State : \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physical limitations - please list any limitations or injuries which may inhibit or limit child's activity: \_\_\_\_\_

Session # and letter \_\_\_\_\_

I understand that payment is due in full by May 1, 2008. There is a \$25 non-refundable application fee if my child withdraws 72 hours (3 days) prior to his/her first registered session. I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of the severity that my minor child/ward or I may sustain as a result of said participation. I do hereby fully release and forever discharge Bob Walsh, including all his officials, agents, volunteers and employees from any and all claims for injuries, damages or loss that my minor child/ward may have or which may accrue to me or my child/ward arising out of, or in any way associated with these programs/activities.

I have read and fully understand the above information, assumption of risk, and waiver and release of all claims.

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