

## Jug Bay Wetlands Sanctuary Registration Form for Public Education Programs

This form is not valid for scouts, schools, or other groups.

Do not use this form for joining the Friends of Jug Bay. Use the Friends of Jug Bay [membership form](#).

- Most Public Education Programs do not have a Program Fee, but there is an entrance fee into the Sanctuary.
- 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 may be mailed with program registrations.
- For Canoe programs: Please print out and mail with your \$5 per person fee.
- For Summer Camp, Home School Short 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 include all requested information and email to [programs@jugbay.org](mailto:programs@jugbay.org) . Please put "Jug Bay program registration" in the subject line so that it does not get tagged as spam.

**PLEASE PRINT ALL INFORMATION**

Adult #1 \_\_\_\_\_ Age \_\_\_\_\_ Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_  
 Adult #2 \_\_\_\_\_ Age \_\_\_\_\_ Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_  
 Child #1 \_\_\_\_\_ Age\* \_\_\_\_\_ Birth date \* \_\_\_\_\_  
 Child #2 \_\_\_\_\_ Age\* \_\_\_\_\_ Birth date \* \_\_\_\_\_  
 Child #3 \_\_\_\_\_ Age\* \_\_\_\_\_ Birth date \* \_\_\_\_\_

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) (\_\_\_\_) \_\_\_\_\_

Participant	Program Title and Date	Program Fee
<b>Total Amount Enclosed</b>		

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.

Adult Participant or Parent/Guardian (*Print Name*) \_\_\_\_\_

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