

MACo KIDS' PARTY REGISTRATION FORM

MACo 2015 Summer Conference

August 13, 2015 | 4:30 pm—6:30 pm | Roland Powell Convention Center, Ocean City, MD



Child 1 Name: _____

Child 1 Date of Birth: _____

Child 2 Name: _____

Child 2 Date of Birth: _____

(For more than 2 children, please attach another form)

Parent/Guardian Name: _____

(Must be a registered conference attendee, exhibitor, or sponsor)

Parent/Guardian Cell Phone Number: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Phone Number: _____

I give my child permission to attend MACo's Summer Conference Kids' Party. I agree that I will remain on-site at the Roland Powell Convention Center during the entirety of the time that my child is attending the MACo Summer Conference Kids' Party and that I will be available by the cell phone number provided above in the event of a problem or emergency. If I am not available, I give the secondary emergency contact listed above permission to make decisions on my behalf regarding my child.

I hereby release the Maryland Association of Counties, the Ocean City Department of Recreation & Parks, and the Roland Powell Convention Center from any and all liability related to my child's attendance of the MACo Summer Conference Kids' Party.

Signature of Parent/Guardian

Date

Return this form Allison Valliant at avalliant@mdcounties.org or fax to 1-410-268-1775 by August 5, 2015.

Call 410-269-0043 with questions.