



BIDDEFORD RECREATION DEPARTMENT
 P. O. Box 586
 BIDDEFORD, MAINE 04005
 PHONE 207-283-0841 FAX 207-286-0575



For Adult Programs Complete Bold Areas Only

Parent or Guardian (please print) _____
 Date: _____

Signature of Parent/ Participant _____

Mailing Address: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____

Alternate Contact: _____

Relationship: _____

Phone Number of Alternate Contact _____

PARTICIPANT INFORMATION

Name of participant: _____ **M** **F** _____
 School _____ Date of Birth _____
 Age: _____ Grade: _____
 Medical Problems: _____

T-shirt size (if applicable) please check one below:
 Youth sizes: S ___ M ___ L ___ Adult sizes: S ___ M ___ L ___ XL ___
 (6-8) (10-12) (14-16)

PROGRAM INFORMATION

Name of Program(s) _____
 Day (if applicable): _____
 Session (if applicable) _____
 Time of program (if applicable) _____
 Program Fee: \$ _____ Non Resident add \$10.00 _____ Total _____

Individuals participating in a scheduled event that includes transportation that need special accommodations, please notify the department at least one week prior to the event so we can attempt to make appropriate arrangements.

How did you hear about us?
 Friend _____ Newspaper _____ Brochure _____ Flyer _____ Website _____ Other _____

**** Release must be completed on reverse side ****



Please read carefully

Release

I understand there are risks of physical injury in participating in sports and recreational activities or programs.

I hereby release the City of Biddeford, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Biddeford Recreation Department.

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of me or my child's photo, video, artwork etc. by the dept for flyers, presentations etc.

This release and consent shall remain in full force and effect for all future recreational activities and programs until revoked in writing by registrant.

Signature

Date

Name Printed