

Middle School Teen Center Bus Usage

6th-8th Grade Registration Form



The Biddeford Recreation Department is offering bus service from the Middle School to the Teen Center on Wednesdays, Thursdays and Fridays beginning **October 3, 2018**. This service is available to 6-8th grades. Limit 20 participants.

Where's the Teen Center? It is located at Rotary Park. It offers pool tables, video games, foosball, tournaments, computer room, lounge area and a limited snack bar.

How does it work? The great ORANGE Recreation bus or Recreation Van will pick up at the Middle School at 3:10 p.m. after the bus line leaves and take the students directly to the Teen Center located at Rotary Park. The first Tuesday of each month a staff member will be at a table during lunch periods to take registrations.

How do we get home? Participants may be picked up at the center any time after arrival up to 5:45 p.m. (closing time). Participants may also take the bus home. The bus makes a run at days' end back in to town.

How much does it cost? It's a free service provided by the Recreation Department.

How do I sign up? A Program Registration form must be completed (found on other side of this form) along with the permission slip below and returned to the staff member at the Recreation Table inside the cafeteria or on the bus on bus days. Registration forms only need to be completed once per school year.

Other Questions? Call 282-4167

I give my son/ daughter _____ permission to use the Recreation Department Bus to attend the Teen Center at Rotary Park. I understand my child may take the bus home in the evening or be picked up before 5:45 p.m. (closing time) at the Center.

Parent/Guardian Signature

Date



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



I give permission for _____ (name of participant) to participate in the Biddeford Recreation Department programs. I do further release, and indemnify the City of Biddeford, Biddeford Recreation Department, the organizers, the supervisors, and any and all of them. In case of injury to my child, I do hereby waive all claims against the City of Biddeford, the Biddeford Recreation Department, the organizers, the supervisor, and any of the supervisor's appointees.

Parent or Guardian (please print) _____

Date: _____

Signature of Parent/ Participant _____

Mailing Address: _____ Home Phone: _____

E-mail Address: _____ Work Phone: _____

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)

PERMISSION FOR PHOTOGRAPH

Occasionally, photographers take photos of program participants for publication and or our web site. Please check below your preference for the above named participant regarding photos.
 ___ YES, I give permission. ___ NO, I do not give permission.

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 ACCOMODATIONS, PLEASE NOTIFY THE RECREATION DEPARTMENT AT LEASE ONE WEEK PRIOR TO THE EVENT SO WE CAN ATTEMPT TO MAKE APPROPRIATE ARRANGEMENTS.

BIDDEFORD RECREATION DEPARTMENT
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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

Child's Name