

**Biddeford Recreation Department
After School Cub Care Registration Form**

School Year _____
Student's Name: _____ Grade: _____ Teacher's Name: _____

Address: _____

Home Phone: _____ D.O.B: _____

Mother's/Guardian Name: _____ Email: _____

Address: _____ Place of Employment: _____

Home Phone: _____ Office: _____ Cell: _____

Father's/Guardian Name: _____ Email: _____

Address: _____ Place of Employment: _____

Home Phone: _____ Office: _____ Cell: _____

Medical Information:

Medical issues or medications we should be aware of: _____

Physician: _____ Phone Number _____

Dentist: _____ Phone Number: _____

Pick up List:

PLEASE LIST BELOW THE PERSON OR PERSONS WHO WILL BE PICKING UP YOUR CHILD/CHILDREN FROM CUB CARE. PERSONS NOT LISTED BELOW WILL NOT BE ALLOWED TO PICK UP YOUR CHILD/CHILDREN.

NAME:	NUMBERS:
_____	_____
_____	_____
_____	_____

Emergency Contacts:

1. Name: _____ Address: _____

Best # to contact: _____ Relationship: _____

2. Name: _____ Address: _____

Best # to contact: _____ Relationship: _____

3. Name: _____ Address: _____

Best # to contact: _____ Relationship: _____

I have read the Parent Packet thoroughly and understand all program policies. I give the Biddeford Recreation Department Staff authorization to make the immediate medical care decisions for my child. I have completed this form, answering all questions honestly and to the best of my ability.

Parent/Guardian Signature

Date



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

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

Please Circle How Many And What Days You Will Be Registering For

For staffing purposes, we require families sign up for either the 5:30pm or the 1 hour option.

5 Days

4 Days

3 Days

2 Days

After School 1 Hour Option:

Monday

Tuesday

Wednesday

Thursday

Friday

After School 5:30pm Option:

Monday

Tuesday

Wednesday

Thursday

Friday