

BIDDEFORD RECREATION DEPARTMENT P. O. Box 586 BIDDEFORD, MAINE 04005



PHONE 207-283-0841 FAX 207-286-0575

•	Date of Birth:/Gender MF
Name of Adult Participant -or- Name of Parent	t or Guardian of Child Participant (please print)
Mailing Address:	Zip:
Street	City
Primary Phone:_home/cell/work	Second Phone:
• Receive Text Notifications:Yes or No	Cell Carrier Name:
• E-mail Address:	
Emergency Contact:	Phone#
Medical Information:	
Please provide any prevailing medical conditions	
Name of Program(s)	
Individuals participating in a scheduled event that include notify the department at least one week prior to the event that include the scheduled event that it is scheduled event that it is scheduled event that it is scheduled event the scheduled event that it is scheduled event that it is scheduled event the scheduled event that it is scheduled event	des transportation that need special accommodations, please vent so we can attempt to make appropriate arrangements.
CHILD PARTICIPA	ANT INFORMATION if applicable
School:	MF
Age: Grade:	
	RELEASE
I understand there are risks of physical injury in p	participating in sports and recreational activities or programs.
	res, officials and agents from any and all liability or loss or ay experience in connection with activities sponsored by
reached and my child has sustained an injury. The for participants of its programs. All participants a consider participant's own health, experience, and	s deemed advisable for my child in the event I cannot be to Dept. does not provide accident or hospitalization insurance tre advised to have adequate personal coverage. Please I tolerance for risk before participating in any program. I also o, artwork etc. by the dept. for flyers, presentations etc.
This release and consent shall remain in full force until revoked in writing by registrant.	and effect for all future recreational activities and programs
Signature	Date
Name Printed	