



# BIDDEFORD RECREATION DEPARTMENT PROGRAM PARTICIPANT REGISTRATION FORM



207-283-0841 www.biddefordrec.com

\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Name of Adult Participant -or- Name of Parent or Guardian of Child Participant (please print)

Pronouns: She/Her \_\_\_ He/Him \_\_\_ They/ Theirs \_\_\_ Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street City

Primary Phone: home/cell/work \_\_\_\_\_ Second Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical / Inclusion Information: \_\_\_\_\_

Please provide any prevailing medical conditions or information that would be helpful for us to know in order to provide you and/ or your child with the most positive experience in our programs.

Name of Program(s) \_\_\_\_\_

### CHILD PARTICIPANT INFORMATION *if applicable*

Name of Participant: \_\_\_\_\_ School: \_\_\_\_\_

Pronouns: She/Her \_\_\_ He/Him \_\_\_ They/ Thiers \_\_\_ Other \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical / Inclusion Information: \_\_\_\_\_

Please provide any prevailing medical conditions or information that would be helpful for us to know in order to provide you and/ or your child with the most positive experience in our programs

### 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, 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