

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



ailing Address:	Zip:
Street	City
rimary Phone:_home/cell/work	Second Phone:
eceive Text Notifications:Y or N	Cell Carrier Name:
-mail Address:	
mergency Contact:	Phone#
fedical Information: Please provide any prevailing medical conditions	
ame of Program(s)	des transportation that need special accommodations, please
1 1 0	vent so we can attempt to make appropriate arrangements.
CHILD PARTICIPA	ANT INFORMATION if applicable
Name of Participant:	MF
School:	MF Date of Birth:/
Are: Crade:	

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