

THIS FORM MUST BE TYPED



Biddeford Recreation

Telephone: (207) 283.0841
Fax: (207) 286.0575
Website: www.biddefordrec.com

OFFICE USE ONLY	
o Date:	o Program:
o Received By:	o Applied for FA:
Notes:	

PROGRAM PARTICIPANT CONTACT FORM Program:

Participant's Name						
	Last		First		Middle Initial	
Date of Birth	MM / DD / YY	Grade	Fall '20	Male	Female	
Participant Address						
	Street		City	State	Zip	
T-Shirt Size	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large

Parents/Legal Guardians Information: Must Be Able To Pick Up Participant From Program*

#1 Parent/Legal Guardian						
	Last		First		Middle Initial	
Relationship	Place of Employment					
Address						
	Street		City	State	Zip	
Cell Phone	Cell Carrier*		*used for text cancellations			
Work Phone	E-Mail					
Vehicle Make/Model/ Color				License Plate		

#2 Parent/Legal Guardian						
	Last		First		Middle Initial	
Relationship	Place of Employment					
Address						
	Street		City	State	Zip Code	
Cell Phone	Cell Carrier*		*used for text cancellations			
Work Phone	E-Mail					
Vehicle Make/ Model/ Color				License Plate		
<p>*If a parent/legal guardian is not allowed to pick up a participant or modify this form, complete legal paperwork stating such must be provided at registration. Please check this box to indicate if Parent/Legal Guardian #2 may NOT make modifications to this contact form, including adding pick ups. OFFICE USE ONLY: Departmental pick up policy in the absence of legal paperwork was discussed with registering parent/guardian.</p>						

List additional individuals who you authorize to pick up your child from our programs: limit of 10			
	<u>Name</u>	<u>Phone</u>	<u>Vehicle Make/Model/Color</u>
			<u>License Plate</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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Please Select Days:

Cub Care

Please select the days you are registering for -
Cub Care requires a 3 day/week minimum(Same days each week)

Monday

Tuesday

Thursday

Friday

Special Concerns & Medical Information

Overview: Please list any Special Concerns, Limitations, or other Behavioral and Medical Conditions we should be aware of. Please include a description of the condition or concerns.

Symptoms: For Medical Conditions and Allergies, please describe any symptoms staff should be aware of.

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:

OFFICE USE ONLY NOTES:

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, 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

Participants Name