

# 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:

<b>Participant's Name</b>						
	Last		First		Middle Initial	
<b>Date of Birth</b>	MM / DD / YY	<b>Grade</b>	Fall '21	<b>Male</b>	<b>Female</b>	
<b>Participant Address</b>						
	Street		City	State	Zip	
<b>T-Shirt Size</b>	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\*

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

<b>#2 Parent/Legal Guardian</b>						
	Last		First		Middle Initial	
<b>Relationship</b>	<b>Place of Employment</b>					
<b>Address</b>						
	Street		City	State	Zip Code	
<b>Cell Phone</b>	<b>Cell Carrier*</b>		*used for text cancellations			
<b>Work Phone</b>	<b>E-Mail</b>					
<b>Vehicle Make/ Model/ Color</b>				<b>License Plate</b>		
<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.  <b>OFFICE USE ONLY:</b> 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>
1			<u>License Plate</u>
2			
3			
4			
5			
6			
7			
8			
9			
10			

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## Cub Care

### Please Select Days:

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

Monday    Tuesday    Wednesday    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*