

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 '23
		Gender	<input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them
Participant Address	Street	City	State Zip
T-Shirt Size	<input type="checkbox"/> Youth Sm <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth L <input type="checkbox"/> Adult Sm <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL		
Swimming Ability	<input type="checkbox"/> Weak: Allowed up to their hips in ocean, lakes, & pools	<input type="checkbox"/> Strong: Allowed up to their mid chest in ocean, lakes, & pools	

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		

#2 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		
<input type="checkbox"/> *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.			

Emergency Contact Information:		
Note: Parents/Guardians will be contacted first. Emergency Contacts are used when parents/guardians cannot be reached. It is extremely important to keep ALL contact information up to date.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Please list other individuals who are authorized to pick up your child (ren):		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

A Picture I.D. Must Be Presented by ANY Individual Picking Up A Participant From Our Programs

Staff Use Only:

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*I will submit this registration form to -
summercamp@biddefordmaine.org*

I have reviewed and fully comprehended the parent packet

Signature

Special Concerns & Medical Information

Americans with Disabilities Act (ADA) Statement:

The City of Biddeford Parks, Recreation Department is committed to providing interested participants equal opportunities and access to its recreation programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere.

Qualified individuals with a disability seeking an accommodation in order to participate in the Department's programs are asked to complete the Inclusion Request Form and submit it to the Department in order for the Department to determine whether it can support the requested accommodation(s).

Check one: No Yes

My child, , needs a modification because of a disability to enjoy this program.

(If yes, please submit the Inclusion Request Form to the Recreation Department at summercamp@biddefordmaine.org to request a modification for program participation. The individual must be registered for the class/activity before making and accommodation request. The request MUST be made ten (10) business days (Monday- Thursday) before the start of the activity. Plans and supports need to be in place before your child can participate.

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