

Biddeford Recreation Department

189 Alfred Street
P.O. BOX 586
Biddeford, ME 04005



Office Hours: M-Th, 8:30am-5:00pm

Phone: (207) 283-0841

recreation@biddefordmaine.org

www.biddefordrec.com

BIDDEFORD RECREATION PROGRAM PARTICIPANT REGISTRATION FORM

Please complete the following information, print preferred, and read/sign the waiver release form below

First Name: _____ Last Name: _____

Date of Birth: __/__/__ Grade: _____ Emergency Contact: _____
Name & Phone

Mailing Address: _____ Zip: _____
Street City

Phone: _____ E-mail: _____

☐ Resident ☐ Non-Resident ☐ Member is an Adult ☐ Primary Billing Contact for Account

Medical Information: Conditions may include allergies, disabilities, hearing loss, or other emotional, mental, physical, and learning issues. Be sure to provide any information a coach or instructor would need to know in case of injury or incident.

☐ No Medical Information

☐ Medical Information: _____

RELEASE

I understand there is inherently the potential risk of physical injury from participation in sports and recreational activities or programs.

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, including but not limited to any and all liability which may arise as a result of the negligence of the City of Biddeford, its employees, officials, and agents.

I hereby consent to emergency medical procedures deemed advisable for myself in the event I have sustained an injury. 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 Department 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 hereby consent to the use of photo, video, artwork, etc. of either myself or my child by the department for the purpose of marketing and education, including but not limited to: flyers, posters, newsletters, presentations, social media, 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: Participant or Parent/Guardian for Participants under the age of 18

Date

Name Printed: _____