



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



 Name of Adult Participant -or- Name of Parent or Guardian of Child Participant (please print)

Mailing Address: _____ Zip: _____

Primary Phone: _____ Second Phone: _____

Receive Text Notifications: ___Y or N Cell Carrier Name: _____

E-mail Address: _____

Emergency Contact: _____ Phone# _____

CHILD PARTICIPANT INFORMATION

Name of participant: _____ M _____ F _____

School: _____ Date of Birth: ____/____/____

Age: _____ Grade: _____

Medical Information: _____

Please provide physician's name & phone number and any physical, emotional, mental, or learning issues if applicable.

Name of Program(s) _____

Individuals participating in a scheduled event that includes transportation that need special accommodations, please notify the department at least one week prior to the event so we can attempt to make appropriate arrangements.

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 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