

# WALDOBORO RECREATION CHEER TUMBLING CLASS - 2018

Please return completed form along with payment of \$60 no later than October 12th to the  
Waldoboro Town Office or mail to: Waldoboro Recreation Department, P. O. Box J, Waldoboro, ME  
04572 Call 832-5369 for more information (Please make checks payable to: Town of Waldoboro)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ male female

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Home #: \_\_\_\_\_

School: \_\_\_\_\_ Parent's e-mail address: \_\_\_\_\_

Parent (1) /Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Work/Cell \_\_\_\_\_

Parent (2) /Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Work/Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_ Work/Cell \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ Hospital: \_\_\_\_\_

Allergies or special medical conditions: \_\_\_\_\_

**SPORTSMANSHIP:** As a participant, I will display good sportsmanship by supporting and being courteous to teammates, coaches and officials.

\_\_\_\_\_  
*Player's  
initials*

**LIABILITY RELEASE:** I agree to waive and release any and all claims I may have against Town of Waldoboro and MSAD 40 including their agents, employees, paid and non-paid volunteers, officers, chaperones, leaders, organizers and sponsors.

**MEDICAL TREATMENT:** I understand that although a physician's examination is not required for registration, it is highly advisable that participants consult with a physician before participation in athletic and strenuous activities. Medical insurance is not provided. In the event that my child becomes ill or is injured, I hereby authorize whatever medical care and/or services necessary under the circumstances to preserve life, limb or the well being of my dependent. I understand that the program will attempt to notify me as soon as possible.

**PHOTO RELEASE:** I authorize the release of any photographs taken of my child as part the program to be published in the newspaper or posted on the internet. *Parents initials* \_\_\_\_\_.

I have read this form and understand its content. The person named herein has been granted permission to participate in the Waldoboro Recreation Youth Program listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Legal Guardian (printed name)

\_\_\_\_\_  
Date

**PRIVACY POLICY** - Identifiable Personal Information is information about a natural person that is readily identifiable to that specific individual. Information collected on this form will be used solely for registration in a program. We will not release or share information with other agencies or entities that is not required by 1 M.R.S.A. Chapter 13.

*For office use only:*

Payment type: check cash Amt Rcvd: \_\_\_\_\_ Check # \_\_\_\_\_ Pmt received by: \_\_\_\_\_ Date: \_\_\_\_\_

