

# 2017 WALDOBORO SUMMER RECREATION PROGRAM

Please return completed form along with payment 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) \$40/week for Waldoboro Residents. \$60/week for non-residents

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: \_\_\_\_\_

The following persons will be dropping off and picking up my child from the program

- 1. \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

**Please note:** If any person not listed on this form will be picking up the child, a staff member **MUST** be notified directly in the morning.

**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. *Parent's 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.

Dates Registering: July 10-14 July 17-21 Jul 24-28 Jul 31-Aug 4 Aug 7-11  
(circle all that apply)

**For office use only:**

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