

2018 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 9-13 July 16-20 Jul 23-27 Jul 30-Aug 3 Aug 6-10
 (circle all that apply)

For office use only:

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