

Casco Department of Parks and Recreation Program Registration

Program Name: _____ Ck# _____ Date _____

1. Participant's Name; _____ Sex; _____

2. Parent/Guardian Name; _____
(First) (Middle Int.) (Last)

3. Mailing Address; _____
(Street) (Town/City) (State/ZIP)

4. Home Phone; () _____ Work Phone; () _____ Cell Phone; () _____

5. Email Address; _____ @ _____

6. Please check the most reliable method of contacting you;
___ Email ___ Home Phone ___ Cell Phone ___ Work Phone ___ Home Address ___ Other

7. Age; _____ Birth Date; _____

8. School Grade; _____ T-shirt Size; Youth _____ Adult _____

9. Family Physician; Name: _____ Phone :() _____

10. Medical allergies, illness, medications, or other medical conditions;

11. Emergency Contacts (other than guardian);

_____ () _____
(Name) (Relationship) (Number)

_____ () _____
(Name) (Relationship) (Number)

12. I give permission for _____ to participate in the Casco Department of Parks and Recreation Program. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Casco Department of Parks and Recreation Program. Recognizing the possibility of injury associated with physical activity and in consideration for the Casco Department of Parks and Recreation Program accepting the registrant for its programs and activities, I hereby release, discharge, and/or otherwise indemnify the Casco Department of Parks and Recreation Program, its sponsors and associated personnel, including the owners of the facilities utilized by the program, from any claim by or on behalf of the registrant as well as a result of the registrant's participation in the program.

Name (Print): _____

Signature: _____ Date; _____

13. I give permission for _____ to receive emergency medical treatment when it is requested by any Casco Department of Parks and Recreation Program representatives, in my absence.

Signature: _____ Date: _____

Mail Registrations to: Beth Latsey, Casco Recreation P.O. Box 60 Casco, Maine. 04015