

## 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 635 Meadow Road Casco, Maine. 04015**