



Program Registration Form

<i>Name of Participant:</i>	
<i>Parent's Name:</i>	
<i>E-Mail Address:</i>	
<i>Address:</i>	
<i>City, State, Zip:</i>	
<i>Home Telephone #:</i>	
<i>Office Telephone #:</i>	
<i>Cell#:</i>	
<i>Emergency Contact Name: (other than yourself):</i>	
<i>Emergency Contact #:</i>	
<i>Insurance Company Name: Policy/Group #:</i>	

*Please identify any **medical (allergies), physical or behavioral concerns** our staff should be aware of:* _____

<i>Name</i>	<i>Shirt size</i>	<i>DOB</i>	<i>Program Name</i>	<i>Fee</i>

I give myself and/or my child (ren) permission to participate in the above listed program and to be treated by emergency personnel if needed. I further state that I assume responsibility in the inherent risks and hereby release and agree to hold the Town of Ogunquit Parks & Recreation and its representatives, employees, instructors or facilities blameless in the event of injury without limitation, whether consisting of medical injury or property damage of any extent. Regarding field trips, I agree to provide return transportation in the event of a medical emergency or for other reasons deemed necessary by the program director. Regarding photography, I give the Town permission to take photos of my children, for promoting the Parks & Recreation program activities. Regarding fitness programs, it is advisable to consult you physician before beginning any exercise program.

 Signature of participant or parent/guardian Date

Please return this form and payment to:
 Ogunquit Parks & Recreation, PO Box 875
 Ogunquit, Maine 03907
 Please make checks payable to: Town of Ogunquit
 Call 646-5139 for questions or suggestions