



THIS FORM MUST BE TYPED

Biddeford Recreation

Telephone: (207) 283-0841
Fax: (207) 286-0575
Website: www.biddefordrec.com

OFFICE USE ONLY	
o Date:	o Program:
o Received By:	o Applied for FA:
Notes:	

PROGRAM PARTICIPANT CONTACT FORM Program:

Participant's Name													
			Last				First				Middle Initial		
Date of Birth						Grade					Preferred Pronoun		
			MM / DD / YY			Fall '24					He/Him	She/Her	They/Them
Participant Address													
			Street						City		State		Zip
T-Shirt Size			Youth Sm	Youth Med	Youth L	Adult Sm	Adult Med	Adult L	Adult XL	Adult XXL			
Swimming Ability			Weak: Allowed up to their hips in ocean, lakes, & pools					Strong: Allowed up to their mid chest in ocean, lakes, & pools					

Parents/Legal Guardians Information: Must Be Able To Pick Up Participant from Program*

#1 Parent/Legal Guardian													
			Last				First				Middle Initial		
Relationship			Place of Employment										
Address													
			Street						City		State		Zip
Cell Phone			Cell Carrier*					*used for text cancellations					
Work Phone			E-Mail										

#2 Parent/Legal Guardian													
			Last				First				Middle Initial		
Relationship			Place of Employment										
Address													
			Street						City		State		Zip
Cell Phone			Cell Carrier*					*used for text cancellations					
Work Phone			E-Mail										
<p>*If a parent/legal guardian is not allowed to pick up a participant or modify this form, complete legal paperwork stating such must be provided at registration. Please check this box to indicate if Parent/Legal Guardian #2 may NOT make modifications to this contact form, including adding pick-ups. OFFICE USE ONLY: Departmental pick up policy in the absence of legal paperwork was discussed with registering parent/guardian.</p>													

Emergency Contact Information:											
<p>*Note: Parents/Guardians will be contacted first. Emergency Contacts are used when parents/guardians cannot be reached.* It is extremely important to keep ALL contact information up to date.</p>											
Name:			Phone:			Relationship:					
Name:			Phone:			Relationship:					
Please list other individuals who are authorized to pick up your child (ren):											
Name:			Phone:			Relationship:					
Name:			Phone:			Relationship:					
Name:			Phone:			Relationship:					
Name:			Phone:			Relationship:					

A Picture I.D. Must Be Presented By ANY Individual Picking Up A Participant From Our Programs

Staff Use Only:

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*I will submit this registration form to -
summercamp@biddefordmaine.org*

Acknowledgment of Parent Packet

I certify, by the signature below, that I have read, understand, and agree to comply with the rules, policies and expectations listed in the Camp Parent Information Packet. I have discussed the camper-parent agreement with my child and we understand what will be expected from us during the Camp program.

Signature

Special Concerns & Medical Information

Americans with Disabilities Act (ADA) Statement:

Vj g'Ekf "qh'Dk f ghqtf)rT getge vqp 'F gr ctvo gpvku'eqo o kvgf "q'r tqxf lpi "lpvgtgungf "r ct vkr cpw'gs wcn'qr r qtwpkkgu'cpf "ceeguu'vq 'ku't getge vqp" programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere. Qualified individuals with a disability seeking an accommodation in order to participate in the Department's programs are asked to complete the Inclusion Request Form (available below) in order for the Department to determine whether it can support the requested accommodation(s).

Do your child require, or benefit from, modifications or accommodations? No Yes

If yes, please complete and submit the Inclusion Request Form *available below+to request a modification for program participation. The individual must be registered for the class/activity before making and accommodation request. The request **MUST** be made at least ten (10) business days (Monday- Thursday) before the start of the activity. Plans and supports need to be in place before your child can participate.

Please read carefully.

Release

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the City of Biddeford, its employees, officials and agents from any and all liability, loss, or damage to personal property that, my child or I may experience in connection with activities sponsored by Biddeford Recreation Department.

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the dept for fliers, presentations etc.

This release and consent shall remain in full force and effect for all future recreational activities and programs until revoked in writing by registrant.

I have completed this form, answering all questions honestly and to the best of my ability.

Parent/Guardian
Printed Name:

Parent/Guardian
Signature:

Date:

OFFICE USE ONLY NOTES:

BIDEFORD RECREATION DEPARTMENT

— INCLUSION REQUEST FORM —



This form helps assist us to provide the best possible experiences for your child while in camp or in one of our recreation programs. Please complete the form and return it to us, regardless of your child's need for accommodations - the more you share, the better!. **Your signature on this form will provide us with permission to share this information with those who will be working with your child.**

Child's Name:

Grade Fall '24:

Known behavior or health concern, which you want us to be aware of:

Parent's recommendation for us to help your child:

Are there any situations that trigger this concern for your child:

Can you tell us what is typical and/ or atypical behavior from your child:

While your child is attending school, has there been any plan of action designed that is effective? If yes, please share this document with us:

Person (s) to contact when we want to share the joys and concerns of your child- name & phone number:

Signature of parent/guardian: _____