

# 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: **Cub Care**

<b>Participant's Name</b>			
	Last	First	Middle Initial
<b>Date of Birth</b>	MM / DD / YY	<b>Grade</b>	Fall '23
	<i>Monday</i> Street	<b>Gender</b>	He/Him    She/Her    They/Them
<b>Participant Address</b>		City	State      Zip
<b>T-Shirt Size</b>	Youth Sm    Youth Med    Youth L	Adult Sm    Adult Med    Adult L	Adult XL    Adult XXL
<b>Participant's Teacher</b>			

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

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

<b>#2 Parent/Legal Guardian</b>			
	Last	First	Middle Initial
<b>Relationship</b>	<b>Place of Employment</b>		
<b>Address</b>	Street	City	State      Zip
<b>Cell Phone</b>	<b>Cell Carrier*</b>	*used for text cancellations	
<b>Work Phone</b>	<b>E-Mail</b>		
*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. <b>OFFICE USE ONLY:</b> Departmental pick up policy in the absence of legal paperwork was discussed with registering parent/guardian.			

<b>Emergency Contact Information:</b>		
*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.		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
<b>Please list other individuals who are authorized to pick up your child (ren):</b>		
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  
cubcare@biddefordmaine.org***

## ***Cub Care: Please Select Days***

*Please select the days you are registering for - Cub Care requires a 3 day/ per week minimum. (Same days each week) If you select Wednesday as one of your child's days - please note that Early Release Wednesday are not included.*

*Monday*

*Tuesday*

*Wednesday*

*Thursday*

*Friday*

## **Special Concerns & Medical Information**

### **Americans with Disabilities Act (ADA) Statement:**

The City of Biddeford Parks, Recreation Department is committed to providing interested participants equal opportunities and access to its recreation 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 and submit it to the Department in order for the Department to determine whether it can support the requested accommodation(s).

**Check one:**     **No**                       **Yes**

My child, \_\_\_\_\_, needs a modification because of a disability to enjoy this program.

(If yes, please submit the Inclusion Request Form to the Recreation Department at **cubcare@biddefordmaine.org** 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 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.

***I give the Biddeford Recreation Department Staff authorization to make the immediate medical care decisions for my child. I have completed this form, answering all questions honestly and to the best of my ability.***

**Parent/Guardian  
Signature:**

**Date:**

***I have reviewed and fully comprehended the parent packet.***

*Signature*

**OFFICE USE ONLY NOTES:**

**BIDDEFORD RECREATION DEPARTMENT  
P. O. Box 586  
BIDDEFORD, MAINE 04005  
PHONE 207-283-0841 FAX 207-286-0575**

**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 me or my child's photo, video, artwork etc. by the dept for flyers, 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.*

*Signature*

*Date*

*Name Printed*

*Participants Name*