

## BIDDEFORD RECREATION DEPARTMENT PROGRAM PARTICIPANT REGISTRATION FORM 207-283-0841



			Date of Birth:/
Name of Adult Participant -or- Name of Paren	nt or Guardian of C	Child Participant (ple	ease print)
Pronouns: She/HerHe/Him	_They/ Thiers	Other	
Mailing Address:			Zip:
Mailing Address:Street			City
Primary Phone: home/cell/work		_ Second Phone:	
Receive Text Notifications:Y or N	N Cell Carrie	r Name:	
E-mail Address:			
Emergency Contact:		Phone#	
Medical Information:Please provide any prevailing medical	conditions		
Name of Program(s) Individuals participating in a scheduled even notify the department at least one week	ent that includes tr	ansportation that nee	ed special accommodations, please
		INFORMATIOSci	N if applicable hool:
Pronouns: She/HerHe/Him	They/ Thiers	Other	
Date of Birth:/	Age:	Grade	<b>:</b>
	RE	LEASE	
I hereby release the City of Biddeford, its en	nployees, official	s and agents from a	rts and recreational activities or programs any and all liability, loss, or damage to persond onsored by Biddeford Recreation Departmen
child has sustained an injury. The Dept. programs. All participants are advised t	does not provio o have adequate participating in a	de accident or ho e personal coveraç eny program. I also	child in the event I cannot be reached and mospitalization insurance for participants of it ge. Please consider participant's own health to consent to the use of me or my child's photographs.
This release and consent shall remain in fi in writing by registrant.	ıll force and effec	ct for all future rec	reational activities and programs until revoke
Signature			Date
Name Printed			

Rev 2/2024