

**FORT FAIRFIELD  
PARKS AND RECREATION DEPARTMENT  
SUMMER PROGRAM REGISTRATION FORM**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GRADE FALL 2016 \_\_\_\_\_ GENDER \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHER'S NAME(printed) \_\_\_\_\_ PHONE # \_\_\_\_\_

MOTHER'S NAME(printed) \_\_\_\_\_ PHONE # \_\_\_\_\_

ALLERGIES \_\_\_ NO \_\_\_ YES, PLEASE LIST ALL FOOD & MEDICATION ALLERGIES: \_\_\_\_\_

LIST MEDICATIONS \_\_\_\_\_

OTHER MEDICAL CONCERNS \_\_\_\_\_

**PARTICIPANTS, PARENTS OR GUARDIANS PLEASE READ CAREFULLY:**

I (the participant), or the parents or guardians of the above named participant, hereby give my/our approval for participation in the above-mentioned program, knowing that participation in this program may cause serious injury or even death to the participant. I assume all risks incidental to such participation, and hereby release, absolve, and indemnify, and agree to hold blameless, the Town of Fort Fairfield, the Fort Fairfield Parks and Recreation Department, MSAD#20, the organizers, sponsors, participants, supervisors, volunteers, or the person or organization responsible for transportation during the above mentioned program. I/we give permission for photographs to be taken of the participant for program newsletters and publications. I give permission for the participant to be treated by any physician at any medical facility that is available in case of an emergency. My/our signature below is verification that I/we understand and agree to the contents of this paragraph.

FATHER'S SIGNATURE (If under 18) \_\_\_\_\_ DATE \_\_\_\_\_

or

MOTHER'S SIGNATURE (If under 18) \_\_\_\_\_ DATE \_\_\_\_\_

**PROGRAM(S) SIGN UP**

Program(s)	Date	Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____