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. ________________________________________________
