

Arundel Rec Program Registration Form

Participant's Name: _____ DOB if under 18: _____ Grade: _____ Sex: M or F

T-shirt size (circle one): Child S(6-8) Child M(10-12) Child L (14-16) Adult S Adult M Adult L Adult XL
(Note: T-shirts not available for all programs)

Home address: _____ Mailing address: _____

Parents names if under 18: _____

Home phone #: _____ Work phone(s) #: _____

Cell/beeper/other contact #: _____ Email address: _____

Emergency contacts:

NAME:	RELATIONSHIP TO CHILD:	PHONE #:
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Please note that participants must be self-sufficient and able to take responsibility for their own health and actions in order to take part in rec programs. Please describe any medical conditions, medication requirements or other pertinent information that we should be aware of:

Medical Insurance Co: _____ Group/Policy #: _____ Doctor name/phone: _____

Program Name(s):	Date(s) of program(s):	Fee(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Record of payment (for staff use): _____ Total: _____

Programs are filled on a first come, first serve basis, with priority given to Arundel residents. We will notify you if a program is canceled, filled or changed. The Arundel Recreation Dept reserves the right to cancel or consolidate programs that do not meet minimum enrollment requirements. **Remember, nothing kills a rec program faster than those who wait until the last minute to register!** Programs have to be canceled if there are not enough participants signed up by the registration deadline date, so *sign up early!!* Full refunds will be given only when the department cancels programs, or if participants cancel at least one week prior to the start of the program, or unless otherwise noted. There will be an additional fee of \$5 charged per program for non-residents, unless otherwise noted.

The undersigned hereby releases and agrees to hold harmless the Town of Arundel, Arundel Recreation Department, and its agents and employees from and against any and all suits, actions and damage arising out of, connected with, or resulting from participation in this program/event sponsored by the Arundel Recreation Department. The undersigned further authorizes anyone acting on behalf of the Arundel Recreation Department to call for medical care for myself or my child if medical attention is deemed to be needed. In addition, the undersigned gives permission for the Arundel Rec Dept. to use the participant's photo in promotional material such as brochures, flyers, video productions or on our website. I understand that the Arundel Rec Dept is under no obligation to continue enrollment for any participant if his/her behavior is disruptive or distracting to others in the program. I understand that I will forfeit any money if cessation of enrollment is due to disciplinary problems.

Participant's signature (Parent signature if under 18) _____

_____ Date

Arundel Recreation Dept. 468 Limerick Road Arundel, ME 04046

Phone: (207) 286-9241 Fax: (207) 985-7589 Email: arundelrec@roadrunner.com