

Kennebunkport Parks & Recreation Registration Form

Program Name/Description: _____
Participant's Name _____ DOB ____/____/____ Grade ____
Home address _____
If a Minor: Parent(s) / Guardian (s) _____
Phone (H) _____ Phone (Cell) _____
Email _____

Please indicate an additional person to be notified in case of emergency:
Name _____ Phone _____
Relationship to Participant _____
Doctor's Name/ Practice _____ Phone Number _____

1. Does the participant have any current or past medical conditions that could affect their ability to participate in our program? Y/N If yes, please identify and explain: _____

2. Does the participant have any of the following conditions? (check any/all that apply)

Recent injury Allergies Asthma Other
 Diabetes Heart condition Seizures

If any of the above were checked off please provide additional information.

3. Is the participant currently taking medication (prescribed or otherwise, e.g. cold medicine)? Y/N
If yes, state medication and what condition it is for _____
Does your child have medication with him/her? _____

4. Has the participant been treated by a physician or been hospitalized in the past year that would restrict their participation in this program (sprains, dislocations, etc)?

INSURANCE: Name of Insurance Company. Please include your ID number

RELEASE OF LIABILITY:

As a participant, parent or guardian, I am aware that the participation in the above registered Kennebunkport Parks & Recreation program, activity or special event may involve the risk of injury. I testify that the participant is in sound health and capable of participation in the program and agree to furnish my own health insurance in case of injury. I further agree to release and hold harmless the Town of Kennebunkport, its officers, Kennebunkport Parks & Recreation, its employees, agents and volunteers against all suits, actions and damages arising out of or resulting from participation in the above noted program. I give permission for treatment and transport by emergency personnel if necessary. In addition, Kennebunkport Parks & Recreation is given permission to use and reproduce photographs taken during this program in any Town of Kennebunkport promotional material (webpage, facebook, brochures, newsletters, and any other materials that Kennebunkport Parks & Recreation may create)

Please confirm with a signature that you have read this document carefully and with full knowledge of its significance.

Parent/Guardian Signature _____ Date _____

Participant's Signature _____ Date _____