



SKOWHEGAN PARKS & RECREATION DEPARTMENT

Location: 39 Poulin Drive Skowhegan, ME 04976
 Phone: (207)474-6901

Mailing: 225 Water Street Skowhegan, ME 04976
 Email: skowrec@skowhegan.org
 www.skowhegan.org



Activity Registration Form

PRIMARY HOUSEHOLD CONTACT INFORMATION - PLEASE FILL OUT COMPLETELY

Parent/Guardian First Name _____ Middle Initial ____ Last Name _____

Street Address _____ City _____ State ____ Zip _____

Residency _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email Address _____

Emergency Contact #1 _____ Relationship _____ Phone (____) _____

Emergency Contact #2 _____ Relationship _____ Phone (____) _____

ACTIVITY INFORMATION

One registration form can be used for more than one person in the same household.

PARTICIPANTS FIRST & LAST NAME	M/F	DOB	AGE	GRADE	PROGRAM NAME	FEE	T-Shirt Size

T-Shirt Sizes: YXS (2-4) YSM (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

If participant above has any special medical concerns, allergies, or special needs that we should be aware of, please describe: _____

READ CAREFULLY AND SIGN BELOW

I, the participant and/or parent/guardian of the said participant, do hereby consent and assent to the participation of myself or my child being a minor in athletic programs, activities, ventures, games, and sports events sponsored by the Skowhegan Parks and Recreation Department, and by this assent and consent do hereby assume all responsibility for any and all injuries and/or damages related thereto that I or the said child may receive or sustain as a result of incident to the participation therein or any related activity thereof; and as further consideration of permitting said participant and/or said child to engage in said programs, ventures, games, sports events, and activities related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless the Skowhegan Parks and Recreation Department, the Skowhegan Sports Boosters, their officers, directors, agents, servants, and employees from any and all judgments, costs, and expenses whatsoever arising on account of any action, claim, or demand by said participant or by said minor, or by any person acting for or on behalf of said minor in respect of any claimed injuries or damages. I hereby give the Town of Skowhegan Parks & Recreation Department permission to take photographs and/or videos of me or photographs and/or videos in which I may be involved with others without compensation to me. These photographs and/or videos may be used by the Town for promotional and information purposes in print, on the Town website, and in other media. at our programs, activities or special events. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund Requests must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of classes remaining at time of request. I hereby agree to abide by the terms of participation for the program.

ADULT SIGNATURE: _____ DATE: _____

PAYMENT INFORMATION

Checks Payable To: Town of Skowhegan

Payment Type: () Cash () Check # _____ Receipt # _____ Activity Fee Total: \$ _____

Received Form By (Staff): _____ Date: _____ Data Entry/Filed By (Staff): _____ Date: _____