

Waterboro Parks and Recreation

FUNergy! Registration Form 2016-2017 School Year

Student Information

Name _____ Age: _____ Grade _____

Mailing Address: _____

Email Address: _____

Names of other children registered for FUNergy!: _____

List any allergies, medications, recent surgeries/injuries, or relevant medical information we should know about:

For staffing purposes, please let us know the approximate drop off and/or pick up times:

Mon. ____/____/____ Tues ____/____/____ Wed ____/____/____ Thurs ____/____/____ Fri ____/____/____
am pm am pm am pm am pm am pm

Parent/Guardian Information:

Primary Contact: _____ Phone: _____ Cell: _____

Second Contact: _____ Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

The following additional individuals are allowed to pick my child up from FUNergy!:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian—Participant Release Waiver

The Parent/Legal Guardian signed below knowing fully that the Waterboro Parks & Recreation Department provides the program and all aspects associated with these being the Facility(ies), Instructors, Equipment, and Supervision hereby: 1. Agree to furnish my own insurance in case of injury. 2. Testify that the participant is of sound health and is capable of participation in the registered program. 3. Assume all risks and responsibilities of possible injury involved with participating in this program. 4. I further agree to indemnify and hold harmless the town of Waterboro, the Parks and Recreation Department, all employees, to include volunteers, from liability resulting from participating in this program. 5. I give permission to emergency personnel to administer treatment in the case of injury during the program.

Signature of Parent/Legal Guardian

Date