

# Waterboro Parks and Recreation

## *FUNergy! Registration Form*

### 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:

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**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

**Please check off which "no school" days your child will be attending FUNergy!**

\_\_\_Sept. 3 \_\_\_Oct. 8 \_\_\_Oct. 11 \_\_\_Nov. 11 \_\_\_Nov. 24 \_\_\_Nov. 26 \_\_\_Jan. 17

\_\_\_Mar. 18 Holiday Breaks: \_\_\_Dec 27-31 \_\_\_Feb. 21-26 \_\_\_Apr.18-22

### Parent/Guardian Information:

Primary Care Giver \_\_\_\_\_ 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

