

**Alfred Parks & Recreation**  
**PO Box 850, Alfred, ME 04002**  
**Registration Form**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any medical conditions that my affect your child's participation:

\_\_\_\_\_  
\_\_\_\_\_

T-shirt size (circle one)    YOUTH   Sm   Med   Lrg.                      ADULT   Sm.   Med.   Lrg.

**Release Waiver**

The Participant signed below knowing fully that Alfred Parks & Recreation Department provides the program, activity and/or special events and all aspects associated with these being facility(s), instructor(s), equipment and supervision hereby:

1. Agree to furnish my own health insurance in case of injury.
2. Assume all risks and responsibilities of all possible injury involved in participating in this program, activity or special event.
3. Testify that the participant is in good health and capable of participating in the registered program.
4. Further agree to indemnify and hold harmless the Town of Alfred, department or employees, to include volunteers, from liability resulting from my participation in this program, activity or special event.
5. Give permission to be treated by emergency personnel if necessary for myself and/or any member of my family.
6. Give permission to Alfred Park and Recreation to show my child's picture in any newspaper or web site.

**Please note the following:**

A parent or guardian is required to be present during the entire clinic session each week. No exceptions. All children, regardless of age are **required to have adult supervision at all times**. Children (participants before and after their session and spectators) must remain in the cafeteria and will not be permitted to climb or play on the stairs/railings, play/wander around the halls/bathrooms, main lobby or outside (per school rules).

Damage to school property will not be tolerated.

Signature of participant's parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I would like to volunteer as a head coach: \_\_\_\_\_ Assistant coach: \_\_\_\_\_