

**Children (under 18 years old)**

*\*if parents/guardian reside in separate households, please list the parent and address that the child resides with first.*

*Parent/Guardian Name	Address	City/St/Zip	Home Phone	Work Phone	Cell Phone
1.					
2.					
1. Parent/Guardian Email			2. Parent/Guardian Email		

Name	DOB	Grade	Age	Shirt Size	Program Code	Fees

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list any allergies, medical conditions, physical limitations/restrictions the participant may have: (please use back of this page if necessary)

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**Adults (18 years and older)**

Name	Address	City/St/Zip	Home Phone	Work Phone	Cell Phone
Email Address					

**Participant Release Waiver, Refund Policy, and Photograph Agreement**

Participation in recreation sports/activities may involve the risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Waterville, its officers, employees, agents, volunteers, and supervisors, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity.

In addition, I give my permission for my child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

I understand the cancellation/refund policy of the Waterville Parks and Recreation Department including the policy regarding trips. The department encourages registrants to carefully consider their schedule prior to registration. No fee will be refunded after the program begins. This policy is strictly enforced. If a program is canceled by the department, you will be notified and fully refunded.

Waterville Parks and Recreation may take pictures and/or videos of participants at our programs, activities or special events. Please be aware that the picture may appear in future promotional materials, including our brochures.

Signature & Date: \_\_\_\_\_

Program Code	Fees

*Please make checks payable to "City of Waterville"*

Sub Total:	\$
Amount Paid:	\$
Amount Due:	\$

**Office Use Only** **Staff Initials:** \_\_\_\_\_  
 Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_  
 Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_