

YOUTH REGISTRATION

Name: _____ DOB: _____ Grade: _____ Gender: _____

Name: _____ DOB: _____ Grade: _____ Gender: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____

Parent/Guardian: _____ | Parent/Guardian: _____

Phone # Day: _____ | Phone # Day: _____

Cell: _____ | Cell: _____

Child Name	Course #	Program Name(s)	Fee	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Subtotal

Credit Card Processing Fee (\$2.00)

Camp Scholarship Fund donations (tax deductible)

TOTAL FEE

Card #: _____

Exp. Date: _____

I hereby give permission for the above named child(ren) to participate in the listed programs conducted by Freeport Recreation and Community Education. I agree to release, discharge, indemnify and hold the Town of Freeport, Freeport Public Schools, Freeport Recreation and Community Education and their agent and employees harmless from any liability claims, demands, costs or damages arising out of said program activities which are sustained during participation. Permission is hereby granted for my child to receive emergency medical treatment, including transportation and hospitalization, if needed. I certify that my child is in excellent health and that there is no limit to his/her participation except as stated in writing below. I understand that any photographs taken during these programs may be used by FRCE for promotional purposes. I have read this document carefully, and sign it voluntarily with full knowledge of its significance.

Parent Signature: _____

Date: _____

Would you like to receive the FRCE weekly e-newsletter?

If so, please provide us with your e-mail address. _____

Emergency Information: In the space below, please provide us with any conditions or limitations that we should be aware of in order to accommodate your child's needs and ensure his/her safety. If there aren't any, please write **none**. If more space is needed, attach additional pages.

Child's Name: _____ Allergies/limitations: _____

Emergency Contact: _____ Phone: _____



Please mail or drop off form to:
Freeport Recreation and Community Education
17 West Street, Freeport , ME 04032
Phone 865-6171 or FAX 865-2855
Check us out on the Web www.fce-online.com