

# WISCASSET PARKS & RECREATION DEPARTMENT REGISTRATION FORM

*Registration is accepted on a first come, first served basis.*

## How to Register:

Complete the enclosed registration form and mail or drop off with payment to the Community Center,  
242 Gardiner Rd., Wiscasset, Maine 04578.

## Or:

You may use your VISA or Mastercard and register over the phone by calling 882-8230.

## Refund Policy:

- A full refund or credit will be issued if the department cancels a program due to lack of enrollment or any other unforeseen reason.
- If the program is a limited enrollment program and the spot can be resold, a full refund/credit will be issued less a \$10.00 processing fee.
- For any program in which a minimum enrollment is required and the refund would cause cancellation of that program, NO refund/credit will be issued.
- For any other program, the refund or credit given will be pro-rated from the time the participant informs the department of their desire for a refund. A \$10.00 processing fee will be deducted from their pro-rated refund.
- NO refund or credit shall be issued after the program is more than 50% completed.

## Program Cancellations:

Please be aware that if school is canceled due to weather, all Youth recreation programs, including sports practices, are canceled. Local radio and television will give updates on facility and other program cancellations.

## PARTICIPANT REGISTRATION

1) Participant Name: _____	Program: _____	
Birth date: _____	Grade: _____	Fee: \$ _____
2) Participant Name: _____	Program: _____	
Birth date: _____	Grade: _____	Fee: \$ _____

Parent/ Guardian Name (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

I give permission for me/my child to be photographed by WCC staff and local newspaper staff, which may be used for publication in newspapers, the Wiscasset Recreation Department web site or program advertisements.

YES

NO

### Participant Release Waiver

*I the participant or the parent/ guardian of the above named child, do hereby permit my/ my child's participation in the above named program with the Wiscasset Recreation Department. I am aware that neither the Town of Wiscasset nor the Wiscasset Recreation Department provides health or medical insurance to activity participants. I release the Town of Wiscasset and the individuals conducting the program from liability for any injury that I/my child might sustain because of this activity.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_