

WISCASSET PARKS & RECREATION DEPARTMENT
SPRING RUN CLUB REGISTRATION FORM

Participants Name _____

Date of Birth _____ Grade _____

Gender _____ T-shirt Size _____

Parent/ Guardian Name _____

Address _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Email _____

Would you like to volunteer coaching, training sessions, bus travel, meet management? If so, please list your name below.

Volunteer _____

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 Parks & Recreation Department. I am aware that neither the Town of Wiscasset nor the Wiscasset Parks & 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. I give consent to having medical attention given if needed. I also understand that pictures of participants may be used to advertise and promote department programs.

Parent/ Guardian Signature _____ Date _____