

Portland Recreation & Aquatic Program Registration Form

For Summer Camp Registration, visit www.portlandrec.com

212 Canco Road, Suite A, Portland, ME 04103 | Phone & Fax: 207-808-5400 | recreation@portlandmaine.gov

Participant's Name: _____ Male: Female:
Last Name First Name

Street Address: _____ D.O.B: ___/___/___

City: _____ **State:** _____ **Zip Code:** _____ **Email:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

T-Shirt Size (please circle one): YS YM YL S M L XL

Participant's Name: _____ Male: Female:
Last Name First Name

Street Address: _____ D.O.B: ___/___/___

City: _____ **State:** _____ **Zip Code:** _____ **Email:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

T-Shirt Size (please circle one): YS YM YL S M L XL

The City of Portland Parks, Recreation and Facilities Department is committed to providing interested participants equal opportunities in and access to its recreation programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere.

Qualified individuals with a physical or mental disability are encouraged to request reasonable accommodations to allow them to participate in public programs and services provided by the Department. The Department will make reasonable accommodations for qualified individuals with a disability, so long as the accommodation does not fundamentally alter the nature of the program, pose a direct threat to others, or otherwise impose an undue burden on the City.

Qualified individuals with a disability seeking an accommodation in order to participate in Department programs will be asked to complete a questionnaire in order to determine appropriate accommodations.

_____ NO or _____ YES My child _____ needs a modification because of a disability to enjoy this program.
(If YES, please request and complete the Inclusion Intake Form to help us plan for your child's needs. Inclusion Intake Forms can be found at the office on 212 Canco Road in Portland or by emailing recreation@portlandmaine.gov)

Parent/Guardian(s) (if applicable): _____ Male: Female:
Last Name First Name

Street Address: _____ **D.O.B:** ___/___/___

City: _____ **State:** _____ **Zip Code:** _____ **Email:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Emergency Contact: _____ **Relationship:** _____
Last Name First Name

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Program Name: _____ **Program Level:** _____ **Start Date:** ___/___/___

Session: _____ **Day(s) of Week:** _____ **Time:** _____

RELEASE ASSUMPTION OF AGREEMENT, AGREEMENT TO INDEMNIFY AND HOLD HARMLESS SIGNATURE:

"I am aware that learning or participating in the above activity can be an activity involving risk of injury, including serious injury. I fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to participant's property occurring during or arising out of participation out of said program. To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm or damage to participant's person or property (including but not limited to participant's property caused by negligence of the City of Portland, its agents, officers or employees) arising during or in connection with said program, and I do hereby release and agree to indemnify and hold harmless the City of Portland, its agents, officers and employees from any and all liability, actions, damages and claims of any kind and nature whatsoever (including but not limited to participant's property caused by negligence of the City of Portland, its agents, officers or employees) for injury harm or damage to participant's property that may arise or occur during or in connection with said programs. I also agree to abide by any and all rules, regulations, and policies of the above activity."

X (Participant's Signature): _____ **Date:** ___/___/___

X (Parent/Guardian Signature): _____ **Date:** ___/___/___

MEDICAL RELEASE:

Please list any allergies, medical conditions, physical limitations and/or restrictions the participant(s) may have:

"I give my permission for emergency medical treatment to be given to participant in case a consulting adult cannot be reached by phone."

X (Participant's Signature): _____ **Date:** ___/___/___

X (Parent/Guardian Signature): _____ **Date:** ___/___/___

PHOTOGRAPH RELEASE:

"The Department of Recreation may take pictures 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 brochure."

X (Participant's Signature): _____ **Date:** ___/___/___

X (Parent/Guardian Signature): _____ **Date:** ___/___/___

Parks, Recreation & Facilities Newsletter

Once a month, we send out valuable information regarding all the exciting things that take place within the Department.

Would you like to receive our monthly newsletter? (please circle one) **Yes:** **No:**

Payment: City of Portland Parks, Recreation & Facilities offers the convenience of accepting MasterCard, Discover, American Express and Visa credit cards. The payment processing company charges a \$3 minimum service charge fee for a charge up to \$114 and 2.65% thereafter to cardholders who use this service.

PLEASE MAKE CHECKS PAYABLE TO "CITY OF PORTLAND"

Credit Card #					
Expiration Date		CVV #			
Please circle the fee waiver level you were approved for in 2019/2020				Amount Due	\$
FULL	A	B	Optional Scholarship Donation (\$5.00)	\$	
<i>Thank you for using Portland Recreation & Aquatic Programs!</i>				Total Amount Due	\$

For Office Use Only	Date	Payment Method		Fee Waiver Level		
		Amount	Check #	A	B	FULL
		Visa/MC Amount				
		Cash Amount	Check Amount			