

# North Berwick Enrichment Class "Family" Registration Form

North Berwick Parks & Recreation Dept. Kristie L. Michaud- Rec. Director (207)676-3206

**Class Registering For: (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_ **(3)** \_\_\_\_\_

## **Please Print:**

Child #1's Name: \_\_\_\_\_ Child #2's Name: \_\_\_\_\_

Child #2's Name: \_\_\_\_\_ Child #4's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom/Dad's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Mom's Cell # \_\_\_\_\_

Email Address: (Please Print): \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

People Allowed \_\_\_\_\_  
To pick up \_\_\_\_\_  
child(ren): \_\_\_\_\_

**(PLEASE list them all,** they must be on the form or we will **NOT** let them go! Be aware that if we do not recognize someone we may ask for ID) Your cooperation benefits everyone's safety. Thanks!

## **THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.**

It is understood that this activity involves an element of risk and danger of accidents and knowing those risks. I hereby assume those risks. I am fully aware that the North Berwick Parks and Recreation Dept. carries no insurance of any kind for any participants and I am solely responsible for securing my own insurance and coverage. I hereby give permission to North Berwick Parks & Recreation Dept. to transport the child named above off the property for the purpose of medical care as deemed appropriate by the Rec. Director, in the event that none of the emergency contacts can be reached.

Rules for participants are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all participants will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that the North Berwick Parks and Recreation Dept. reserves the right to dismiss a child from classes whose conduct is not in the best interest of the event, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the program. When behavior becomes an issue, the Recreation Director reserves the right to choose who is not allowed to participate in the program, for a day or permanently. The North Berwick Parks and Recreation Dept. has my permission to use photographs taken of my child while attending a class.

**We or I (Parents/Guardians) have read and agree to all the conditions of this registration.**

**Signature of**  
**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*This form will be kept with each class instructor**

