



SKOWHEGAN PARKS & RECREATION DEPARTMENT

Location: 39 Poulin Drive Skowhegan, ME 04976
Phone: (207)474-6901

Mailing: 225 Water Street Skowhegan, ME 04976
Email: skowrec@skowhegan.org
www.skowhegan.org



Activity Registration Form

ACTIVITY INFORMATION

One registration form can be used for more than one person in the same household.

PARTICIPANTS FIRST & LAST NAME	M/F	DOB	AGE	GRADE	PROGRAM NAME	FEE	T-Shirt

T-Shirt Sizes: YXS (2-4) YSM (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

PRIMARY HOUSEHOLD CONTACT INFORMATION - PLEASE FILL OUT COMPLETELY

(If under 18)

Parent/Guardian First Name _____ Middle Initial _____ Last Name _____ Gender ___ DOB ___/___/___

Street Address _____ City _____ State ___ Zip _____

Residency _____

Home Phone (_____) _____ Work Phone (_____) _____ Extension _____

Cell Phone (_____) _____ Email Address _____

Emergency Contact #1 _____ Relationship _____ Phone (_____) _____

If participant above has any special medical concerns, allergies, or special needs that we should be aware of, please describe: _____

READ CAREFULLY AND SIGN BELOW

I, the participant and/or parent/guardian of the said participant, do hereby consent and assent to the participation of myself or my child being a minor in athletic programs, activities, ventures, games, and sports events sponsored by the Skowhegan Parks and Recreation Department, and by this assent and consent do hereby assume all responsibility for any and all injuries and/or damages related thereto that I or the said child may receive or sustain as a result of incident to the participation therein or any related activity thereof; and as further consideration of permitting said participant and/or said child to engage in said programs, ventures, games, sports events, and activities related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless the Skowhegan Parks and Recreation Department, the Skowhegan Sports Boosters, their officers, directors, agents, servants, and employees from any and all judgments, costs, and expenses whatsoever arising on account of any action, claim, or demand by said participant or by said minor, or by any person acting for or on behalf of said minor in respect of any claimed injuries or damages. I hereby give the Town of Skowhegan Parks & Recreation Department permission to take photographs and/or videos of me or photographs and/or videos in which I may be involved with others without compensation to me. These photographs and/or videos may be used by the Town for promotional and information purposes in print, on the Town website, and in other media. at our programs, activities or special events. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibit active participation in the program. Refund Requests must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of classes remaining at time of request. I hereby agree to abide by the terms of participation for the program.

ADULT SIGNATURE: _____

DATE: _____

PAYMENT INFORMATION

Checks Payable To: Town of Skowhegan

Payment Type: () Cash () Check # _____ Receipt # _____ Activity Fee Total: \$ _____

Received Form By (Staff): _____ Date: _____ Data Entry/Filed By (Staff): _____ Date: _____

Skowhegan Community Center Rules

- I will abide by all facility guidelines and rules at the Community Center.
- I will treat all staff with respect.
- I will sign in at the front desk each day I come into the facility.
- I will not use foul language.
- I will bring a clean change of sneakers to wear on the gym floor and in the exercise room. **STREET SHOES OR BARE FEET ARE NOT ALLOWED!**
- I will not slam balls on the gym floor, off the walls, throw towards the ceiling or at fellow peers, nor will I hang from the rims.
- I will respect equipment and pay for any damage caused by my wrong doing.
- I will be held responsible for signing out recreational equipment.
- I will use equipment where it is meant to be used (Example: I won't bounce basketballs in hallways, only in the gym).
- I will not do things that could harm myself or my peers.
- I will treat those around me as an individual, remembering that there is a large spread of emotional and physical development.
- I will not loiter in lobby areas, hallways, or locker rooms.
- I will pick up after myself.
- I will bring food or drink in the gym.
- I understand there is **NO FORM OF SMOKING IS ALLOWED** on the Community center grounds and its facilities (i.e. Cigarettes, vaping, marijuana, etc.)
- I understand the Community Center is not held responsible for my personal property if stolen. Lockers are available.
- I understand a note from the school or a parent in order to be at our facility while school is in session. We do not support absenteeism within the school the school unless arranged.

I have read and understand all the above rules and am aware my failure to abide by these rules will result in immediate and/or permanent dismissal from all Community Center facilities. Furthermore, I agree to pay restitution for any repairs (to include cost of labor, if necessary) for any damage that I cause in my failure to comply with the above rules.

Student Signature: _____

Date: _____

Name (Please Print): _____

I have read and understand the above rules and will do my best to ensure my child complies with them. I understand that my child must be supervised while at the Skowhegan Community Center if under the age of 12 years old.

Parent/Guardian Signature: _____

Date: _____