



ELIOT COMMUNITY SERVICE DEPARTMENT PROGRAM REGISTRATION FORM

Bring in registration or mail with check to
Eliot Community Service Department, 11 Dixon Road, Eliot, ME 03903
For questions please call 451-9334

ADULT OR PRIMARY GUARDIAN:

NAME:		DOB:	GENDER:	
ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:()	ALT. PHONE: () PLEASE CIRCLE: WORK OR CELL		EMAIL:	

EMERGENCY CONTACT (OTHER THAN ABOVE):

NAME:	RELATIONSHIP:	PHONE:
-------	---------------	--------

YOUTH PARTICIPANT(S):

NAME:	DOB:	AGE:	GRADE:	GENDER:
NAME:	DOB:	AGE:	GRADE:	GENDER:

PLEASE LIST ALL KNOWN MEDICAL CONDITIONS AND MEDICATIONS:

PARTICIPANT:	INFORMATION:
PARTICIPANT:	INFORMATION:
HOSPITAL OF CHOICE:	DOCTOR'S NAME:

WOULD YOU BE INTERESTED IN HELPING WITH THIS PROGRAM? NAME: _____

COACH ___ ASSISTANT ___ TEAM PARENT ___ CONCESSIONS ___ SPONSOR ___ FIELD MAINTENANCE ___

PROGRAM REGISTRATION:

PARTICIPANT NAME:	PROGRAM NAME:	SESSION:	T-SHIRT SIZE (CIRCLE IF APPLICABLE)	FEE:
1.	MEN'S BASKETBALL LEAGUE		YOUTH: S, M, L ADULT: S, M, L, XL, XXL	65.00
2.			YOUTH: S, M, L ADULT: S, M, L, XL, XXL	
3.			YOUTH: S, M, L ADULT: S, M, L, XL, XXL	
4.			YOUTH: S, M, L ADULT: S, M, L, XL, XXL	

OPTIONAL ROUND UP DONATION

NEW: YES/ NO

HEIGHT: _____

NON-RESIDENT FEE— ADD \$10.00 PER PROGRAM

TOTAL FEE

Waiver: I hereby, for myself and all family members agree not to hold the Eliot Community Service Department, the Town of Eliot, Maine, its employees, instructors, administrators, and authorized volunteers liable in the event of an injury incurred as a result if my participation in the above named program. I authorize the Eliot Community Service Department to obtain any necessary medical evaluation and treatment. Notice is hereby given to any health care provider that the Eliot Community Service Department is fully authorized to obtain the necessary evaluation and treatment. I agree to abide by the refund policy, other policies and procedures of the Eliot Community Service Department, and any additional rules and regulations as stated for the above named program.

X _____
Signature Date

** If you do not want pictures of your child(ren) or yourself used to promote Eliot Community Service Department and its programs, a written request must be submitted to Eliot Community Service Department**

Office Use Only: Date Paid: _____ Cash Amt: _____ Check # / Amt: _____
Scholarship Amt: _____ Credit Amt: _____ From: _____ Folder: _____ Initials: _____