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.			YOUTH: S, M, L ADULT: S, M, L, XL, XXL	
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	
			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:_____