

**Portland Recreation & Aquatic Program Registration Form**

For Summer Camp Registration, visit [www.portlandrec.com](http://www.portlandrec.com)

212 Canco Road, Suite A, Portland, ME 04103 | Phone & Fax: 207-808-5400 | [recreation@portlandmaine.gov](mailto: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 check 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 check 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](mailto: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"**

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

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

## APPENDIX D

### Assumption of Risk and Waiver of Liability

#### Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups and people.

**The City of Portland, Maine (City)** has put in place preventative measures to reduce the spread of COVID-19; however, the City **cannot guarantee** that you, your children, or any other person, will not become infected with COVID-19. Further, attending City sponsored activities could increase your risk and your child or children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or children and I may be exposed to or infected by COVID-19 by attending City activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at City activities may result from the actions, omissions, or negligence of myself and others, including but not limited to City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or children or myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or my child or children may experience or incur in connection with my child or children's attendance at City activities or programming. On my behalf and on behalf of my child or children, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

Name of Activity Participant(s)