

Bridgton Recreation Department
Teen Adventure Program
2007

Registration form

Please Print

Name _____

Address _____

Telephone # _____ Emergency # _____

Cell Phone # _____

Any Medical Problems? _____

I give permission for _____ to participate in the Bridgton Recreation Department Teen Adventure Program. While the Recreation Department, its employees and volunteers will take every reasonable precaution to assure the safety of my child, a risk of injury still exists. I understand this risk and agree to hold harmless the Town of Bridgton, the Bridgton Recreation Department, its employees and volunteers in the event of injury to my child.

Parent/Guardian signature

Date

I agree to allow emergency medical attention for _____

in the event I cannot first be contacted.

Parent/Guardian signature

Date