

Participant's Last Name _____

Old Orchard Beach Recreation Registration Form 2010

Please use one form per participant. Gull Care participants will have to complete a different registration form.

Participant Name _____ Birthdate ____/____/____ Gender ____ Age ____ Grade ____
First Last (Age and Grade Level are required for youth programs)

Address _____
Street Address Mailing Address if different City/State/Zip Home Phone #

Please provide the following for emergency use (youth must have parent name(s) AND emergency contact):

Parent/Guardian/ _____ (H)Phone _____ Cell _____ Work _____ Relationship _____

Emergency Contact

Parent/Guardian/ _____ (H)Phone _____ Cell _____ Work _____ Relationship _____

Emergency Contact

Emergency Contact _____ (H)Phone _____ Cell _____ Work _____ Relationship _____

(Other than parent)

E-mail Address _____ Please print clearly (used for program information only)

Special Concerns: Does the participant have any allergies, medical or special needs of which we should be aware? YES NO

If yes, please ask for and complete one of our concern forms and return it to us before the program begins.

We need multiple VOLUNTEERS for most of our youth sports programs and special events. Please fill out the information below if you are willing and able to assist in any way. Without the help of someone like you, our program enrollment might need to be limited. www.oobmaine.com or 934-0860 for more information.

I, _____ can help as a _____ youth sports coach/asst. coach in _____ and/or _____ special event volunteer
(name) (check) (sport/sports) (check)

All youth coaches must submit a volunteer application (available on our website or at our office). Next, our department will conduct a background check on all volunteers who work directly and independently with our children. Pending approval from the background check and from our department, our coaches will receive instructional materials to assist in planning practices, games and general team management. Whenever possible, we try to assign two coaches to every team.

Program # or Class Name	Listed Fee	Amt. Paid	Check # / Cash	Balance	Date Rec'd	Rec'd by

