



**Bath Parks & Recreation Department**  
**4 Sheridan Road**  
**Bath, Maine 04530**  
**(207) 443-8360**

Your support and contribution to the Bath Parks & Recreation Scholarship Fund are appreciated!  
YES! I wish to contribute \$\_\_\_\_\_

**Program Registration Form**

**Household Information**

**PRIMARY GUARDIAN**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PH \_\_\_\_\_ WORK PH \_\_\_\_\_

CELL PH \_\_\_\_\_ EMAIL \_\_\_\_\_

**SECONDARY GUARDIAN**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PH \_\_\_\_\_ WORK PH \_\_\_\_\_

CELL PH \_\_\_\_\_ EMAIL \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #1 \_\_\_\_\_ PHONE #2 \_\_\_\_\_ RELATION TO PARTICIPANT \_\_\_\_\_

**INSURANCE PLAN (Group#)** \_\_\_\_\_ **(ID#)** \_\_\_\_\_ **(Plan#)** \_\_\_\_\_

**PARTICIPANT #1:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Doc's Name \_\_\_\_\_ Doc's Ph# \_\_\_\_\_

Medical/Allergies/Behavioral Concerns \_\_\_\_\_

**Program #1** \_\_\_\_\_ \$ \_\_\_\_\_ **Program #2** \_\_\_\_\_ \$ \_\_\_\_\_ **Program #3** \_\_\_\_\_ \$ \_\_\_\_\_

**PARTICIPANT #2:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Doc's Name \_\_\_\_\_ Doc's Ph# \_\_\_\_\_

Medical/Allergies/Behavioral Concerns \_\_\_\_\_

**Program #1** \_\_\_\_\_ \$ \_\_\_\_\_ **Program #2** \_\_\_\_\_ \$ \_\_\_\_\_ **Program #3** \_\_\_\_\_ \$ \_\_\_\_\_

**PARTICIPANT #3:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Doc's Name \_\_\_\_\_ Doc's Ph# \_\_\_\_\_

Medical/Allergies/Behavioral Concerns \_\_\_\_\_

**Program #1** \_\_\_\_\_ \$ \_\_\_\_\_ **Program #2** \_\_\_\_\_ \$ \_\_\_\_\_ **Program #3** \_\_\_\_\_ \$ \_\_\_\_\_

***The participants listed above have my permission to participate in the Bath Parks & Recreation Department programs listed above. I consent to having medical attention given if needed. I also understand that pictures of participants may be used to advertise and promote department programs.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_