

AUBURN PARKS & RECREATION PROGRAM REGISTRATION FORM

Registration Procedures: 1. Please complete registration form entirely. 2. Payment **must** accompany registration.

Family Information: Please Complete for the **PAYEE** (adult who is financially responsible for the family account.)

Name (ADULT): _____ Email: _____
Last First MI

Adult DOB: ____ / ____ / ____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: (eve): () _____ (day): () _____ (other): () _____

Participant Information differs from above. Please provide differing information here: → _____
 → _____

Participant <small>(please print full name clearly)</small>	M/F	Date Of Birth	AGE	Grade	Program Name	Amount	Shirt Size YTH AD S M L XL (Circle One)
						\$	
						\$	
						\$	
TOTAL DUE:						\$	

*Sending in this form does not guarantee placement in the program.

Please specify any medical alerts we should be aware of for the participants listed on this form:

Payment Information:

Person making payment: _____

Check or Money Order # _____ To "Auburn Parks & Recreation"

Visa MasterCard American Express

Card # _____ Expires _____ / _____

Name as it appears on card: _____

Signature: _____



Remember you can register on-line at www.auburnmaine.org

ASSUMPTION OF RISK AND RELEASE: I hereby give my consent as a participant or for the above-named participant(s) to participate in the program(s) listed above being conducted or co-sponsored by the Auburn Department of Parks and Recreation and declare that I will not hold the City of Auburn, Department of Parks and Recreation, the Department's employees, or any volunteer associated with the program, responsible for any injuries, damage or personal loss incurred while participating in said program(s).

Signed: _____ Date: _____