



# City of Saco, Maine

Parks & Recreation Department  
300 Main Street  
Saco, ME 04072-1538

**Office use only**

Date: \_\_\_\_\_  
Received by: \_\_\_\_\_

Telephone: (207) 283-3139  
Fax: (207) 282-8210  
E-mail: parksandrec@sacomaine.org

## SACO PARKS AND REC ACCOUNT REGISTRATION FORM

**Section 1 - Required**      Household      Organization (Check one)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Circle one: Male / Female

Organization name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
City      State      Zip

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Cell Carrier\* \_\_\_\_\_

E-mail: \_\_\_\_\_ (Please print clearly)

### *Additional Family Member Information*

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Circle one: Male / Female

Current grade in school: \_\_\_\_\_ Parent or guardian? Circle one: Y / N

Medical concerns or allergies – please list here: \_\_\_\_\_

*If different than household account information, please complete the following:*

Address: \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Cell Carrier\* \_\_\_\_\_

E-mail: \_\_\_\_\_ (Please print clearly)

**Registration Disclaimer:** Please read carefully the following Saco Parks and Recreation program participation disclaimer:

**Release:** I hereby expressly release and hold harmless the Saco Parks & Recreation Department, its employees and agents from and against any and all claims, suits, actions and damages arising out of, connected with, or resulting from me or my child's participation in Saco Parks & Recreation sponsored programs. Further, I understand that there are inherent risks and dangers in participating in these programs and I accept the responsibility to provide accident insurance including ambulance transportation if needed. Please consider participant's own health, experience, and tolerance for risk before participating in any program. Contact information may be shared with Saco Parks & Recreation Department staff or approved volunteers for the purpose of program notifications only.

**Medical Release:** By registering for this program I give my child permission to participate in this program sponsored by the Saco Parks & Recreation Department. If I cannot be reached, I give permission for my child to be treated by Emergency Personnel.

**Disclosure:** Failure to disclose any medical information or concerns may cause the dismissal from any or all Saco Parks & Recreation Programs.

**Media Consent:** I also consent to the use of me or my child's photo, video, artwork etc. by the Saco Parks & Recreation Department for flyers, presentations and other advertising means. At no time will a person be identified by name in a picture without prior special permission not covered by this consent. Names will only be used to post things such as team rosters.

**Program Requests:** Program Requests are not guaranteed. We will do our best to accommodate requests made before registration deadlines.

\*Cell carrier info is collected to allow us to send cancellation and program updates through our texting system. Thank you!

By turning in this form to be entered into the online registration system at [www.sacorec.com](http://www.sacorec.com), I hereby agree to the policies of the Saco Parks and Recreation Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_