



**City of Portland**  
**Parks, Recreation and Facilities Management**  
**Therapeutic Recreation Services**  
212 Canco Road, Ste A, Portland, Maine 04103  
**Main Office:** 207-808-5400  
**Rose Cronin:** 207-808-5437  
**Email:** rc@portlandmaine.gov  
<https://register.communitypass.net/PortlandCityof>

## Program Registration

### *Name of Person Filling out Registration Form:*

*Please fill in ALL requested information*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender:** Male Female **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone Number: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Emergency Number(s):** \_\_\_\_\_

### Participant and Program Information

**Participant's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Program Name (Activity):** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Session:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Day of the Week:** \_\_\_\_\_ **Time:** \_\_\_\_\_ (1<sup>st</sup> choice) **Time:** \_\_\_\_\_ (2<sup>nd</sup> choice)

### Participant and Program Information

**Participant's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Program Name (Activity):** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Session:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Day of the Week:** \_\_\_\_\_ **Time:** \_\_\_\_\_ (1<sup>st</sup> choice) **Time:** \_\_\_\_\_ (2<sup>nd</sup> choice)

### Participant and Program Information

**Participant's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Program Name (Activity):** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Session:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Day of the Week:** \_\_\_\_\_ **Time:** \_\_\_\_\_ (1<sup>st</sup> choice) **Time:** \_\_\_\_\_ (2<sup>nd</sup> choice)

**Participant and Program Information**

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Program Name (Activity): \_\_\_\_\_ Location: \_\_\_\_\_  
Session: \_\_\_\_\_ Start Date: \_\_\_\_\_ Cost: \_\_\_\_\_  
Day of the Week: \_\_\_\_\_ Time: \_\_\_\_\_ (1<sup>st</sup> choice) Time: \_\_\_\_\_ (2<sup>nd</sup> choice)

**Payment Method**

We accept Visa or MasterCard ***ONLY***  
Please make checks payable to: ***City of Portland***

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Total Amount Due: \_\_\_\_\_

**Refund Policy**

- We require written or verbal notice before the start date of the program for a full credit.
- Classes cancelled after the program start date will be pro-rated based on the number of classes attended.

**Medical Release Signature**

I give my permission for emergency medical treatment to be given to participant in case a consulting adult cannot be reached by phone. Should an emergency arise that needs immediate attention, please ***Medcu*** participant to (check one):

Maine Medical Center: \_\_\_\_\_ Mercy Hospital: \_\_\_\_\_ No preference: \_\_\_\_\_

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

**Release Assumption of Agreement, Agreement to Indemnify and Hold Harmless Signature**

I am aware that learning or participation in the above activity can be an activity involving risk of injury, including serious Injury. I fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to participant's property occurring during or arising out of participation of said program.

To the fullest extent permitted by law I do hereby agree to assume all risk of injury, harm or damage to participant's person or property (including but not limited to participant's property caused by negligence of the City of Portland, it's agents, officers or employees) arising during or in connection with said program, and I do hereby release and agree to indemnify and hold harmless the City of Portland, its agents, officers and employees from any and all liability, action, damages and claims of any kind and nature whatsoever (including, but not limited to participant's property cause by negligence of the City of Portland, it agents, officers or employees) for injury harm or damage to participant's property that may arise or occur during or in connection with said programs. I also agree to abide by any and all rules, regulations and policies of the above activity.

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

**Photographic Release Signature**

Photographs: The Department of Recreation may take pictures or videos of participant at our programs, activities or special events. Please be aware that the picture may appear in the future promotional materials, including our brochure.

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

**For Office Use Only**

Date: \_\_\_\_\_ Visa Amt: \_\_\_\_\_ Ck/MO Amt: \_\_\_\_\_  
Cash Amt: \_\_\_\_\_ MC Amt: \_\_\_\_\_ Ck/MO number: \_\_\_\_\_