

After School Adventures Registration Form 2026-2027

Child's Name: _____ Date of Birth: _____ Grade: _____

Mailing Address: _____ Town: _____ Zip: _____

Primary Guardian: _____ Secondary Guardian: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Please list names & phone numbers of at least two other individuals we may contact in case of emergency.

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Please discuss any special medical conditions or concerns we should know about, as well as appropriate care and treatment necessary. **(Examples are: Allergies, Mental Health, Bathroom issues: Failure to inform the Wiscasset Recreation Department of any and all special needs or concerns that may pose a threat to your child, other children or staff, or may affect our staff/student ratios may be grounds for removing your child from the program)**

I give permission for my child to be photographed WCC staff and local newspaper staff, which may be used for publication in newspapers, the Wiscasset Recreation Department web site or program advertisements.

YES

NO

I, the parent/guardian of the above child, do hereby permit his/her participation in the After School Adventures Program sponsored by the Wiscasset Recreation Dept. I am aware that neither the Town of Wiscasset nor the Wiscasset Recreation Dept. provides health or medical insurance to activity participants. I release the town of Wiscasset and the individuals conducting the above described activity from liability of any injury my child might sustain because of this activity.

I have received the ASA handbook and have reviewed and agree to all rules.

Parent/Guardian Signature: _____ Date: _____

Release my child to: _____ **OR** _____
(other than primary or secondary gaurdian)

**** A \$25.00 yearly registration fee is required for all participants. ****

Received by (Staff Initials): _____ Date Received: _____