



# 2009 ADULT REGISTRATION FORM

"I assume all risks and hereby waive, release, absolve and indemnify to agree to hold harmless the sponsors and all other participants from any claim arising out of injury to the below named. It is clearly understood and unequivocally stated that it is my intention to provide indemnity for loss caused by any negligence on the part of the Town of Standish or any of its agents or employees and all other participants."

Participant Names	Age	Program	Cost	
				Total Due:
				Enclosed:
				Balance Due:

Home Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Person to contact in case of an emergency:

1) Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical concerns: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Please return this form to Standish Recreation, 175 Northeast Rd., Standish, ME 04084**