

## Old Orchard Beach Recreation Gull Care Registration Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

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

Mother's/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Information:

Physical, emotional, and/or health limitations or allergies/medications we should be aware of:

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

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

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*Please check this box to give permission for the OOB Recreation Department to communicate with the Old Orchard Beach School Department about your child's education & behavior plans to best accommodate him/her.*

### Emergency/Pick-up Contacts:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Best # to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Best # to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Best # to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

I have read the Parent Packet thoroughly and understand all program policies. I give the Old Orchard Beach Recreation Department Staff authorization to make the immediate medical care decisions for my child. I have completed this form, answering all question honestly and to the best of my ability.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



2021-2022 School Year



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