## Old Orchard Beach Recreation Gull Care Registration Form

| Home Phone:  |  |   |  |
|--|--|---|--|
| Mother's/Guardian Name   | e:   | 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 a   | llergies/medications we   | e should be aware of:  |
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| Physician:   |  |   |  |
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|  | give permission for the  | he OOB Recreation D   | •  |
| he Old Orchard Beach<br>accommodate him/her.<br>Emergency/Pick-up Conta  | o give permission for the<br>School Department ab<br>acts:   | he OOB Recreation D<br>bout your child's educ   | ation & behavior plans to b                                    |
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