

# Norway Recreation Department Teams Up With Healthy Oxford Hills Snow Shoe Program Registration Form 2018

For Grades 2-6, Students in grades K-1 May Attend If Accompanied By An Adult  
Mondays 3-4:30pm Jan. 8, 22, 29 Feb. 5, 12 at Guy Rowe School

**PARENTS MUST PICK THEIR CHILD UP NO LATER THAN 4:30PM**

**YOUR CHILD MUST COME WITH HAT, MITTENS, COAT, BOOTS & SOCKS**  
**MAXIMUM OF 30 PARTICIPANTS**

Name: \_\_\_\_\_ M or F Grade: \_\_\_\_ Teacher: \_\_\_\_\_

DO YOU HAVE SNOW SHOE EXPERIENCE? Yes \_\_\_\_ No \_\_\_\_ Snow Shoes will be provided

Tele #: \_\_\_\_\_ Address: \_\_\_\_\_

Parents Name/Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Parents Phone # Mom: \_\_\_\_\_ Phone # Dad: \_\_\_\_\_

Emergency Contact Person(s):

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Information (allergies, etc...): \_\_\_\_\_

## **Registration Fee: \$25.00 TO BE PAID AT TIME OF REGISTRATION**

Registration form must be received before child can attend program.

Registration Fee Check Payable to Norway Recreation Department

Mail to: Debra Partridge, Norway Parks & Recreation Director  
19 Danforth Street Norway, ME 04268-6002

- Parents: Please send a note to School giving permission for your child to attend this Program. Can you volunteer to help? if Yes, Name \_\_\_\_\_ Tele: \_\_\_\_\_

## **RELEASE ASSUMPTION OF RISK, AGREEMENT TO INDEMNIFY AND HOLD HARMLESS, AND EMERGENCY MEDICAL RELEASE FORM:**

In consideration of the permission granted for the above named participant to take part in the Snow Shoe Program. I hereby release for myself and my heirs, the Town of Norway, its employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and property damages. I recognize there may be inherent dangers in participating which may present a strain on the body and its parts, and furthermore, I represent to the best of my knowledge the participant is in the proper physical condition to allow participation. I therefore assume all risk associated with this program.

I will pick my child up no later than 4:30pm at the Guy E Rowe School. In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment.

*I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.*

SIGNATURE of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

I give permission to Norway Recreation Department to photograph or film myself or my child for the use of promotional materials that may or may not be aired on TV or used in other correspondence, such as brochures, flyers or any other purpose deemed appropriate by the Town of Norway. Please initial: \_\_\_\_ Yes \_\_\_\_ No

E-mail address: \_\_\_\_\_