

Norway Recreation Department
Ice Skating Program Registration Form 2019

For Grades 2-6, Students in grades K-1 May Attend If Accompanied By An Adult
Early Release Wednesdays 2-4pm Jan. 9, 16, 23, 30, Feb 6, 13

PARENTS MUST PICK THEIR CHILD UP NO LATER THAN 4PM
IF SCHOOL IS CANCELLED, RELEASED EARLY OR A MAJOR STORM COMING
THE PROGRAM WILL NOT RUN THAT DAY; IT WILL BE ANNOUNCED AT GUY ROWE
and CHECK WWW.NORWAYMAINE.COM OR CALL Deb at 743-6651 by 1PM.
YOUR CHILD MUST COME WITH HAT, MITTENS, COAT, BOOTS & SOCKS

Name: _____ M or F Grade: ____ Teacher: _____

DO YOU NEED TO BORROW ICE SKATES? Yes or No MUST HAVE YOUR SHOE SIZE _____

Tele #: _____ Address: _____

Parents Name/Mom: _____ Dad: _____

Parents Phone # Mom: _____ Phone # Dad: _____

Emergency Contact Person(s): Name: _____ Phone: _____

Medical Information (allergies, etc...): _____

REGISTRATION FEE: \$25 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 leave School 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 Ice Skating 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.

My child will walk with the program group with escorts from the Guy E Rowe School to the Cottage Street Recreation Area. **I WILL PICK MY CHILD UP NO LATER THAN 4PM AT THE ICE RINK ON COTTAGE STREET.** 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: _____

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