



2011/12 Falmouth Schools Registration Athletics/Activities

PARTICIPANT First Name: _____ Last Name: _____

Address: _____ Cell Phone: _____

E-mail: _____ Night Phone: _____

Gender: M / F *Birthdate: ____/____/____ Grade September 2011 _____

EMERGENCY CONTACT: _____ Phone: _____

Parent/Guardian E-Mail: _____ Phone: _____
(IF different than participant)

Team/Activity	Team Code	Cost

The undersigned hereby releases and holds harmless the Town of Falmouth, Falmouth Community Programs, Falmouth Schools and its agents and employees from and against any and all suits, actions and damage arising out of, connected with, or resulting from participation in this program/event sponsored by Falmouth Schools. The undersigned further authorizes anyone working for Falmouth Schools to call for medical care for you or your child if, in the opinion of the coach, medical attention is needed. In addition, Falmouth Schools are given permission to use you or your child's photograph in any promotional material such as brochures, flyers or videos.

***Parent/Guardian**
Signature: _____ PRINT Name: _____ *Birthdate: _____

Payment can be made by Cash, check made out to the TOWN OF FALMOUTH or credit card.
If paying by credit card, please fill out the following information:

Card # _____ Exp Mo/Yr _____

Signature of Card Holder: _____

Mail to: Town of Falmouth, Community Programs, 271 Falmouth Rd, Falmouth, ME 04105

Reg Input: C& Ch log Amt: Check #