



# Father Roger Bilodeau Community Center



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Recreation Director:  
Tara A. Tower, CPRP  
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Community Center Program Director:  
Teneil Rineer  
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## DANCE PROGRAM REGISTRATION FORM:

(Please Print)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number(s): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to contact if parents cannot be reached: \_\_\_\_\_ Phone Number: \_\_\_\_\_

People allowed to pick up my child: \_\_\_\_\_

Allergies, disabilities, or other illness that would affect participation: YES ( ) NO ( )

If yes, please explain: \_\_\_\_\_

Is your child currently on any medication: YES ( ) NO ( )

If yes, what medication and when does it need to be taken: \_\_\_\_\_

I give permission for my child to travel off property for field trips and other related recreation purposes: YES ( ) NO ( )

The Community Center staff have my permission to use photos in which my child appears: YES ( ) NO ( )

I hereby pledge myself, my heirs, executors or administrators to waive and release all rights and claims for damages I may have against the agency. I also release the organization's agents, assigns, or officials for any and all injuries suffered by my child.

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat my child: \_\_\_\_\_ for anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand that in an emergency every attempt will be made to communicate with me prior to use of this waiver.

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_