

North Berwick Rec. Dept.  
 Parent Night Out "Family" Registration Form  
 Kristie L. Michaud- Rec. Director (207)676-3206

**Please Print Clearly:**

Child #1 Name: \_\_\_\_\_ AGE: \_\_\_\_ Child #2 Name: \_\_\_\_\_ AGE: \_\_\_\_

Child #3 Name: \_\_\_\_\_ AGE: \_\_\_\_ Child #4 Name: \_\_\_\_\_ AGE: \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom/Dad's Name: \_\_\_\_\_ Mom's \_\_\_\_\_ Dad's \_\_\_\_\_  
 Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address: (Please Print): \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

Any special info you'd like us to know, etc: \_\_\_\_\_

People Allowed  
 To pick up child(ren): \_\_\_\_\_

**(PLEASE list them all, they must be on the form or we will NOT let them go! Be aware that if we do not recognize someone we may ask for ID) Your cooperation benefits everyone's safety. Thanks!**

**THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE  
 REGISTRATION IS ACCEPTED.**

It is understood that this activity could involve an element of risk and danger of accidents and knowing those risks. I hear-by assume those risks. I am fully aware that NBPR carries no insurance of any kind for any participants and I am solely responsible for securing my own insurance and coverage. I hereby give permission to North Berwick Parks & Recreation to transport the child named above off the property for the purpose of medical care as deemed appropriate by the Rec. Director, in the event that none of the emergency contacts cannot be reached. We are NOT responsible for any allergic reactions.

Rules for participants are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all children will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that N.B. Recreation reserves the right to dismiss a child from the event whose conduct is not in the best interest of the event, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the event/activities. When behavior becomes an issue, the Recreation Director reserves the right to choose who is not allowed to attend the event, for a day or permanently. The North Berwick Parks & Recreation has my permission to use photographs taken of my child while at the event. I understand pick up is 8pm sharp and will be charged a \$1 a minute late fee if past 8pm.

I (Parent /Guardian) have read and agree to all the conditions of this registration form.

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

**Extra Slice of cheese pizza \$2 each.** They get 1 slice of cheese pizza and a drink included in their fee.

Child #1: \_\_\_\_\_ extra slice(s) X \$2 = \$ \_\_\_\_\_ Child #2: \_\_\_\_\_ extra slice(s) X \$2 = \$ \_\_\_\_\_

Child #3: \_\_\_\_\_ extra slice(s) X \$2 = \$ \_\_\_\_\_ Child #4: \_\_\_\_\_ extra slice(s) X \$2 = \$ \_\_\_\_\_

Child(ren) attending \_\_\_\_\_ X \$10 = \$ \_\_\_\_\_ Extra slices ordered: \_\_\_\_\_ X \$2 = \$ \_\_\_\_\_

Total Payment Received: \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Rec'd BY: \_\_\_\_\_ Date: \_\_\_\_\_