SUMMER 2020 BROCHURE REGISTRATION FORM

*PARTICIPANT First Name: _____ *Last Name: _____

*Address: _____ Falmouth, ME 04105 *Day/Cell Phone: _____

Non-resident Town/Zip: _____ *Night Phone: _____

School: FES FMS Grade September 2020 _____ M/F Age Now ___ *Birthdate: _____ Shirt Size _____

SPECIAL NEEDS OR CONCERNS: _____ *E-mail: _____

*EMERGENCY CONTACT: _____ *PHONE: _____

The undersigned hereby releases and holds harmless the Town of Falmouth, Falmouth Community Programs (FCP) 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 Community Programs. The undersigned further authorizes anyone working for FCP to call for medical care for any participant if, in the opinion of the program supervisor, medical attention is needed. In addition, FCP is given permission to use your or your child's photograph in any FCP promotional material such as brochures, flyers or videos.

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

STOP! Have you checked out our on-line registration option? Go to www.falmouthme.org

***Denotes required information for ALL participants including adults.**
Parents please make sure you have signed this form. We cannot process the registration without a signature. Your signature on this registration form will also act as a BLANKET PERMISSION for ALL camp activities INCLUDING FIELD TRIPS!

Course Name	Session Code	Fee

Payments by check made out to the TOWN OF FALMOUTH, EFT or credit card. If paying by EFT or credit card, please give us your contact phone number and we will call you for payment when we process your registration.

Name_____

Phone_____

mail checks & registration form to:
FCP, 190 Middle Rd,
Falmouth, ME 04105

For Office Use Only:

Reg Input: C & Ch Log: Amt: Check No: