

## Old Orchard Beach Recreation Gull Care Registration Form 25-26

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Mother's/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_  
Father's/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Information:

**Please include/attach your child's immunization records with this registration form.**

Medical concerns or medications we should be aware of: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

☐ Please check this box to give permission for the OOB Recreation Department to communicate with the Old Orchard Beach School Department about your child's education & behavior plans to best accommodate him/her.

### Emergency/Pick-up Contacts:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Best # to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Best # to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Best # to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
4. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Best # to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

As part of our gull care experience, we take photos of enrolled children participating in activities. These images may be used in promotional materials, including our website, social media pages, and other marketing content. If you do not want your child photographed or recorded, please sign below. **By not signing, you acknowledge and consent to your child being photographed and/or recorded during gull care activities for promotional use.**

\_\_\_\_\_  
Parent/Guardian Signature **(ONLY if opting out)** Date: \_\_\_\_\_

I have read the Parent Handbook thoroughly and understand all program policies. I give the Old Orchard Beach Recreation Department Staff authorization to make immediate medical care decisions for my child. I have completed this form, answering all questions honestly and to the best of my ability.

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