

Wilton Parks & Recreation Department
158 Weld Street
Wilton, Maine 04294

PARTICIPANT'S

NAME: _____ PROGRAM: _____

DATE OF BIRTH: ___/___/___ AGE: _____

PHONE #: _____ PHONE #: _____

ADDRESS: _____

SCHOOL ATTENDING: _____ GRADE: _____

*I/We the legal guardian of the above-named child, do hereby give consent for participation in activities associated with the current season of the Wilton Recreation Department program listed above. In the case of accident or injury, I/We do further release, absolve, indemnify and hold harmless the Wilton Parks and Recreation Department, waiving all claims against the Wilton Parks and Recreation Department, the director, department employees, coaches and department volunteers.

*I/We recognize all Wilton Recreation Department activities and facilities are alcohol and tobacco-free areas.

*I/We recognize the following: profanity, abusive language and actions towards officials, players, coaches, spectators, event volunteers or Rec Dept employees will NOT be tolerated.

*I/We recognize participants who do not attend school on the day of a Rec Dept activity due to illness or behavioral discipline should not attend said activity.

X _____
Signature of Legal Guardian Date

FOR REC DEPT USE ONLY:

T-BALL

PAID	
\$ _____	
CASH	CHECK
<input type="checkbox"/>	<input type="checkbox"/>

SOFTBALL

PAID	
\$ _____	
CASH	CHECK
<input type="checkbox"/>	<input type="checkbox"/>

BASEBALL

PAID	
\$ _____	
CASH	CHECK
<input type="checkbox"/>	<input type="checkbox"/>

FIELD HOCKEY

PAID	
\$ _____	
CASH	CHECK
<input type="checkbox"/>	<input type="checkbox"/>

SOCCER

PAID	
\$ _____	
CASH	CHECK
<input type="checkbox"/>	<input type="checkbox"/>

BASKETBALL

PAID	
\$ _____	
CASH	CHECK
<input type="checkbox"/>	<input type="checkbox"/>