



*Dedicated to serving the youths and families of Lovell, Stow,
Stoneham, Sweden ME & Chatham NH*

2010 Beginning Archery

Child's Name: _____ **Age:** _____ **Birth Date:** _____

Any allergies/medications/special medical needs? _____

Glasses: Y/N **Hearing Aid:** Y/N (please circle)

Parent's Name: _____ **Home Phone:** _____

Address: _____

Alternate Phone (cell/work) _____

Email: _____

Other Emergency Contact Name/Phone: _____

Family Doctor Name/Phone: _____

I hereby affirm that I am the legal parent or guardian of the child listed above and that all the information listed herein is accurate. I understand that in case of injury or illness, the Lovell recreation department staff will make every attempt to contact me, the emergency contact listed above, and/or the family physician. If neither myself, the emergency contact person, nor the family physician can be reached, the Lovell recreation department staff has my permission to administer first aid to my child and to call emergency services as required. I accept full responsibility for my child before and after each program session, and I assume all risks associated with my child's participation in the program.

My child may leave without being picked up by an adult Yes _____ No _____

Fee: \$25

Signature: _____ **Date:** _____

Admin. Only: Fee _____ Parent's Code of Conduct _____

Lovell Recreation Department
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Michael Mendonca, Lovell Recreation Director (207) 697-3574