

PARTICIPANT INFORMATION

Name: _____ Gender: _____ DOB: ____ / ____ / ____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Phone: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____
 Phone: _____ Phone: _____ Relationship: _____

PROGRAM INFORMATION

Name: _____ Program Name: _____
 Program Level: _____ Start Date: _____ Session: _____
 Day(s) of the Week (circle): Mon. Tue. Wed. Thu. Fri. Sat. Sun. Time: _____ Program Cost: _____

PARTICIPATION OF INDIVIDUALS WITH DISABILITIES

The City of Portland Parks, Recreation and Facilities Department (the Department) is committed to providing interested participants equal opportunities in and access to its recreation programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere.

Qualified individuals with a physical or mental disability are encouraged to request reasonable accommodations to allow them to participate in public programs and services provided by the Department. The Department will make reasonable accommodations for qualified individuals with disability, so long as the accommodation does not fundamentally alter the nature of the program, pose a direct threat to others, or otherwise impose an undue burden on the City.

Qualified individuals with a disability seeking and accommodation in order to participate in Department programs will be asked to complete a questionnaire in order to determine appropriate accommodations.

Please list any allergies, medical conditions, physical limitations, and/or restrictions the participant may have:

PUNCH CARD PASS/ FEES

RESIDENT

NON-RESIDENT

Riverton/Reiche ADULT LAP 12 PUNCH.....	\$60.00	\$66.00
Riverton/Reiche ADULT LAP 20 PUNCH CARD.....	\$100.00	\$110.00
Riverton/Reiche ADULT LAP 40 PUNCH CARD.....	\$200.00	\$220.00
Kiwanis ADULT LAP 12 PUNCH.....	\$66.00	\$72.00
Kiwanis ADULT LAP 20 PUNCH CARD.....	\$110.00	\$120.00
Kiwanis ADULT LAP 40 PUNCH CARD.....	\$220.00	\$240.00
MASTERS 10 PUNCH CARD.....	\$67.50	\$72.50
MASTERS 20 PUNCH CARD.....	\$135.00	\$145.00
MASTERS 40 PUNCH CARD.....	\$270.00	\$290.00
SENIOR LAP 12 PUNCH.....	\$42.00	\$48.00
SENIOR LAP 20 PUNCH CARD.....	\$70.00	\$80.00
SENIOR LAP 40 PUNCH CARD.....	\$140.00	\$160.00
SENIOR YEARLY LAP PASS.....	\$280.00	N/A
SENIOR 6 MONTH LAP PASS.....	\$160.00	N/A
ADULT AEROBIC 12 PUNCH	\$66.00	\$72.00
ADULT AEROBIC 20 PUNCH	\$110.00	\$120.00
SENIOR AEROBIC 12 PUNCH	\$48.00	\$57.00
SENIOR AEROBIC 20 PUNCH.....	\$80.00	\$95.00

Please mail my punch card to the address above (check if yes): _____

Please put my punch card in the box at Riverton Pool (check if yes): _____

CONTINUE TO SECOND PAGE----->

RELEASE ASSUMPTION OF AGREEMENT, AGREEMENT TO IDEMNIFY AND HOLD HARMLESS SIGNATURE

I am aware that learning or participating in the above activity can be an activity involving risk of injury, including serious injury. I fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to his/her property occurring during or arising out of participation out of said program. To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm or damage to his/her person or property (including but not limited to his/her property caused by negligence of the City of Portland, its agents, officers or employees) arising during or in connection with said program, and I do hereby release and agree to indemnify and hold harmless the City of Portland, its agents, officers and employees from any and all liability, actions, damages and claims of any kind and nature whatsoever (including but not limited to his/her property caused by negligence of the City of Portland, its agents, officers or employees) for injury, harm or damage to his/her property that may arise or occur during or in connection with said program. I also agree to abide by any and all rules, regulations, and policies of the above activity.

Print Name: _____ Date: _____

Signature: _____ Date: _____

MEDICAL RELEASE: I give my permission for emergency medical treatment.

Signature: _____ Date: _____

PHOTOGRAPHS: The Department of Recreation may take pictures or videos of participants at our programs, activities or special events. Please be aware that the picture may appear in future promotional materials, including our brochure.

Signature: _____ Date: _____

PAYMENT OPTIONS

Please choose one. Payment is expected in FULL at the time of registration.

Program Cost: \$ _____

Processing Fee: \$ _____ (\$3.00 if using a credit card or 2.65% over \$114.00)

Late Fee: \$ _____ (when registration form is received after the deadline, there is a \$5.00 late fee)

Donation: \$ _____ (\$5.00 optional Scholarship Donation)

TOTAL DUE: \$ _____

1.) Cash

2.) Make a check payable to "City of Portland"

3.) Credit/Debit Card (Visa, Mastercard, American Express, or Discover):

City of Portland Parks, Recreation & Facilities offers the convenience of accepting MasterCard, Discover, American Express, and Visa credit cards.

The payment processing company charges a \$3.00 minimum service charge fee for a charge up to \$114 and 2.65% thereafter to cardholders who use this service.

Credit Card #: _____ Exp. Date: _____ / _____ CVV#: _____

Name on Card: _____ Phone: _____ Email: _____

Address for Card: _____ State: _____ Zipcode: _____

REFUND POLICY:

A full refund will be given for withdrawal from a program two weeks prior to the start date. A 90% refund will be given for withdrawal from a program one week prior to the start date. A 75% refund will be made for withdrawal from a program after the first week or class, but prior to the second week or class. No refunds will be given after the second week or class of a program start date unless accompanied by a written medical note.

Cards will be available for use 48 hours once form as been received. Cards are good up to 1 year from the date of purchase, unless purchasing a 6-month pass. *The Aquatics Division is not responsible for punch cards that are lost, stolen, or misused.* We recommend that, once your card has been issued, you take your card with you after each swim.

NON DISCRIMINATION POLICY:

Portland Recreation provides its services, programs and activities to all children and families without regard to race, color, sex, physical or mental disability, religion, ancestry or national origin. Children with special needs as a result of physical or mental disability will be reasonably accommodated, as long as such accommodation does not fundamentally alter the nature of the service, program or activity or result in an undue burden.

FOR STAFF: please check, date & initial if pass was made/given to patron:

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups and people.

The City of Portland, Maine (City) has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you, your children, or any other person, will not become infected with COVID-19. Further, attending City sponsored activities could increase your risk and your child or children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or children and I may be exposed to or infected by COVID-19 by attending City activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at City activities may result from the actions, omissions, or negligence of myself and others, including but not limited to City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or children or myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or my child or children may experience or incur in connection with my child or children's attendance at City activities or programming. On my behalf and on behalf of my child or children, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

Parent/Guardian Signature: _____ **Date:** _____

Print Name of Parent/Guardian: _____

Name of Activity Participant(s): _____