



Chebeague Recreation Center

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Executive Director

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**Please Return Forms to:
School or Rec Center**

After School Program – Pre-Registration Form / Rec Center Membership Registration Optional

Child Information:

First Name: _____ Last Name: _____ Age: ___ Grade: ___ CRC Photo Permission: ___ Yes ___ No

Medical Concerns: _____ Allergy Concerns: _____

After School Program Pre-Registration: Oct Nov Dec Jan Feb Mar Apr CRC Rec Membership: ___ Yes ___ No COST:\$_____

Rec Membership Option: Student Yearly Family Yearly COST:\$_____

I grant my child permission to leave the Rec Center Program without a parent or guardian present: ___ Yes ___ No

Child Information:

First Name: _____ Last Name: _____ Age: ___ Grade: ___ CRC Photo Permission: ___ Yes ___ No

Medical Concerns: _____ Allergy Concerns: _____

After School Program Pre-Registration: Oct Nov Dec Jan Feb Mar Apr CRC Rec Membership: ___ Yes ___ No COST:\$_____

Rec Membership Option: Student Yearly Family Yearly COST:\$_____

I grant my child permission to leave the Rec Center Program without a parent or guardian present: ___ Yes ___ No

Child Information:

First Name: _____ Last Name: _____ Age: ___ Grade: ___ CRC Photo Permission: ___ Yes ___ No

Medical Concerns: _____ Allergy Concerns: _____

After School Program Pre-Registration: Oct Nov Dec Jan Feb Mar Apr CRC Rec Membership: ___ Yes ___ No COST:\$_____

Rec Membership Option: Student Yearly Family Yearly COST:\$_____

I grant my child permission to leave the Rec Center Program without a parent or guardian present: ___ Yes ___ No

1st Parent/Guardian Contact Information

Name: _____ email: _____ CRC Rec Membership: ___ Yes ___ No

Phones: Cell: _____ Home: _____ Work: _____ Home Address: _____

Rec Membership Option: Adult Monthly Adult Yearly Family Yearly COST:\$_____

2st Parent/Guardian Contact Information

Name: _____ email: _____ CRC Rec Membership: ___ Yes ___ No

Phones: Cell: _____ Home: _____ Work: _____ Home Address: _____

Rec Membership Option: Adult Monthly Adult Yearly Family Yearly COST:\$_____

After School Program Cost:

Per Month Rate: \$50 per child
Rec Member Rate: \$0

Rec Center Membership Plan Cost:

Adult Monthly: \$40 Adult Yearly: \$215
Student Yearly: \$115 Family Yearly: \$430

Total Registration Cost: _____
 Cash Check Credit / Debit

Pre-Registration is required. No Drop-In's are allowed. A registration form must be completed and on file in the Rec Office. All fees must be paid prior to attending the program. The Undersigned hereby releases and holds harmless the Chebeague Recreation Center (CRC), 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 the CRC. The undersigned further authorizes anyone working for the CRC to call for medical care for my child if, in the opinion of the program supervisor working for the CRC, that medical attention is needed.

Parent / Guardian Signature: _____ Date: _____