

**Old Orchard Beach Recreation  
Gull Care Registration Form**

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:**

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

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

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

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

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

**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: \_\_\_\_\_

By initialing, I give permission to the Old Orchard Beach School District and the OOB Recreation Department to have an open dialect about my child to ensure a safe and easy transition from school to Gull Care. Initial \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature

2018 -19