



ARLGP Registration Form – School Group

Child's Name:	Grade:	Age:
Guardian's Name:	Guardian Phone #:	
School / Class Participating With:		
Emergency Contacts. Please list 2 names and phone numbers that we would call in case of emergency:		
1. Name:	Phone #:	
2. Name:	Phone #:	
Does the participant have any known allergies? Please describe in detail:		
Does the participant have any special needs or medications*? Please describe in detail:		

By signing this form you acknowledge that all information on this form is true to the best of your knowledge. You also acknowledge that being at the Animal Refuge League of Greater Portland (ARLGP) can pose a potential risk of serious injury. With this knowledge, I agree to waive any and all rights I or my family may have to make a claim against the ARLGP, its employees, board members, or officers, arising from any damages, injury or death I sustain or my child/ward sustains while participating in any activities of the ARLGP. I waive these rights knowingly and voluntarily.

Additionally, if I cannot be reached in the event of an emergency, I hereby authorize the ARLGP to hospitalize and secure any necessary medical treatment for my child/ward.

I agree to permit the free use of my child/ward's name and picture in any photograph, video, broadcast, telecast or other account of the event.

I agree to let ARLGP transport my child in the event of a field trip to an offsite location.

Guardian Signature: _____

Date: _____

Guardian Name Printed: _____

*In accordance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, the Animal Refuge League of Greater Portland requests that guardians identify any physical or mental disability that would prevent a potential participant from fully experiencing the program. We are committed to complying with the requirements of the Acts set forth above. In this regard, the ARLGP, to the extent required by law, will provide reasonable accommodations to participants who require them in order to join us in the program. Individuals with disabilities are not required to self-identify at any time. However, the ARLGP is only required to provide reasonable accommodations for known disabilities. If a potential participant needs a reasonable accommodation(s) in order to attend our program, guardians are invited to include that information with registration so that we can make every effort to prepare and accommodate each participant. As we are not in a position to provide one on one attention, participating children must fully participate in all activities. For the safety of and fairness to all group members, if a child is unable to or refuses to participate, the guardian listed above will be called (unless already present) to pick up the child.