

TOWN OF CENTER HARBOR
PARKS & RECREATION DEPARTMENT
36 Main Street, PO Box 140
Center Harbor, NH 03226
(603) 253-4561 (603) 455-1632 Fax (603) 253-8420
parksandrecreation@centerharbornh.gov

REGISTRATION/APPLICATION

Name of Participant: _____ D.O.B. _____ Age: _____ Gender: M F

Parents/Guardians: _____

Physical address: _____

Mailing address: _____

Home phone: _____ Cell phone: _____ Email: _____

Emergency contact: _____ Phone: _____

Emergency contact: _____ Phone: _____

Describe any allergies/medical problems: _____

Program/Session: _____	Fee: Resident _____ Non-Resident _____
Program/Session: _____	Fee: Resident _____ Non-Resident _____
Program/Session: _____	Fee: Resident _____ Non-Resident _____

Participation in this activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, heirs, executors and administrators waive and release all rights and claims against the Town of Center Harbor, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity.

In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone number provided. I understand the cancellation/refund policy of the Center Harbor Parks & Recreation Department. The Department encourages registrants to carefully consider their schedule prior to registration.

I give written consent, by signing this document, permission for individual photographs to be used for Town website purposes.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant (if over 18): _____ Date: _____

Official Use Only: Amount paid: _____ Cash or Check #: _____ Date: _____

Received by: _____