

Meredith Parks and Recreation Department - Program Registration Form

Adult Participant or Parent/Guardian Information:

Name: _____

Physical Address: _____ Town: _____ Zip Code: _____

Return with payment to:
Parks and Recreation Department
One Circle Drive
Meredith, NH 03253
Please make checks payable to:
Town of Meredith

Mailing Address (if different from physical): _____ Town: _____ Zip Code: _____

Email Address: _____ Primary Phone: _____ Secondary Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Describe any allergies/ medical problems: _____

Does your child require additional assistance at school? Please explain: _____

Participant Name:	Resident? (Yes/No)	Gender:	Date of Birth:	Age:	Grade (youth participants):	Program/Session:	Resident Fee:	Non-Resident Fee:

Total Balance Due:

Participation in this sport/ 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, my heirs, executors and administrators waive and release all rights and claims against the Town of Meredith, its officers, employees, agents, volunteers, and supervisors, except in the case of their 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 my 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 numbers provided.

I understand the cancellation/refund policy of the Parks and Recreation Dept. The Dept. encourages registrants to carefully consider their schedule prior to registration. No fee will be remitted after the program begins. This policy is strictly enforced. If program is cancelled by The Dept., you will be notified and full fee refunded. **As a parent, guardian, or participant, I allow the Meredith Parks and Recreation Department to take my picture/video and use it for advertising and promotional purposes.**

Signature of Parent/ Guardian if Participant Under 18

Date

Paid _____

Signatures of All Participants Listed if Over 18

Date

Received By _____