NORTH HAMPTON RECREATION DEPARTMENT REGISTRATION FORM

Father First and Last name		
Address		
Town	State	Zip
Home Phone	Cell Phone	Work Phone
Email		
Mother First and Last Name		
Address (if different from above)		
Home Phone (if different from above)	Cell Phone	Work Phone
Emergency Contact Person Name		
Home Phone	Cell Phone	Work Phone
Relation		

Is there any medical related information our staff should know about your child so that he/she can safely participate in our programs? _____

In the event of a canceled afterschool program and you cannot be reached by phone or email, we have your permission to send your child home by way of..(please circle) BUS WALKER Other_____

Participant First & Last Name	M/F	DOB	Grade	Program	Fee
				ADULT BASKETBALL	X

REFUND POLICY The Recreation Department reserves the right to cancel or consolidate any program that does not meet required registration numbers. Refunds will be issued if the program has been filled, canceled, or if Department changes in offerings prohibits your child from attending.

Scholarship Donation
Rounding up your fee helps provide financial assistance to those who may not be able to afford the cost of a program fee.
Thank you!!!

TOTAL PROGRAM FEES	X
DONATION	
TOTAL AMOUNT	

PLEASE READ AND SIGN THE WAIVER BELOW. UNSIGNED WAIVERS WILL NOT BE ACCEPTED.

Participation in this sport/activity/program may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program listed above, I hereby, for myself, my heirs, executors and administrators, waive to release and release all rights and claims against the Town of North Hampton, it's 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 parents/guardian cannot be reached at the phone numbers provided.
All Recreation Department programs/events may be photographed. Participants may be photographed for the Town Of North Hampton's programs and promotions. I also give permission for my child (ren) to be transported to a program/activity listed above.

_____ _____ YES _____ NO _____
Signature of Parent/Guardian if participant is younger than 18 years of age **Date** **Are you a North Hampton Resident?**

IN-PERSON/ WALK IN
Town Offices are open Monday– Friday, 8:00 am-4:00 pm
We are located at 233 Atlantic Ave, North Hampton.
Town Offices are located above the Police station in the back.

MAIL IN
Please mail with a check enclosed to:
North Hampton Recreation
233 Atlantic Ave. North Hampton, NH 03862

**** We do not call to confirm. Please consider yourself registered/enrolled when you send in a completed registration form.**
Please make checks payable to: Town of North Hampton