North Hampton Parks and Recreation Department
Youth Registration Form and waiver

PARTICIPANT SECTION (one line per participant/per activity)

Participant Name	Activity	DOB	Age	grade 2018-19	Shirt Size	Cost
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____
_____	_____	_____	___	_____	_____	_____

Check #_____   **Total Amount Due $_____**

PARENT/GUARDIAN SECTION

Last Name: _____ **First Name:** _____ **MI:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone (Home):**_____

Phone (Alternative): _____ **Email Address:** _____

Lives with: Myself: _____ **Other:** _____

Emergency Contact: _____ **Phone Number:** _____ **Relationship:**_____

Insurance Carrier: _____ **Group & ID#** _____

* Low –cost or free health insurance is available to uninsured children through NH Healthy Kids. For more information or to apply call 1-877-464-2447 or visit nhhealthykids.com

Medical Concerns: _____

Program Cancellation: North Hampton Recreation reserves the right to cancel any program, event, or activity for any reason preventing a quality outcome. Note that money/monies paid for registration of any cancelled program will be refunded in full to registrar post cancellation.

Age and grade requirements: North Hampton recreation puts great consideration into its age and/or grade requirements. Please follow the requirements, and understand that they are set to benefit the participants and instructors and to make the program a positive experience for all.

Refund Policy: No refunds, credits, or transfers will be issued after the first day of the class or program. Full refunds will be granted only if requested prior to the start date of a class or program.

I/We, the undersigned legal parent/guardian of minor (s) mentioned above, give permission for any medical emergency treatment said minor might need during North Hampton Parks and Recreation activity registered for above. Furthermore, I will not hold the Town of North Hampton, North Hampton Parks and Recreation, its staff, Volunteers, or agents responsible for any accidents or injuries occurred during said minors participation. I / we agree that said minor listed above is in proper physical and mental condition to allow him/her to participate and that I/We assume the risk of participation. I/We the parent (s)/Legal guardian (s), the undersigned have read this release and understand all its terms. I/We execute it voluntarily and with the full knowledge of its significance. I/We have executed this release on this date indicated next to my/our) name (s).

Parent/Legal Guardian Signature: _____ **Date:** _____

Please mail or submit in person to: North Hampton Parks and Recreation Department 233 Atlantic Avenue
For More Information call Joe Manzi, North Hampton Parks and Recreation Director at 964-3170
Or email jmanzi@townofnorthhampton-nh.gov