

RETURN WITH PAYMENT TO:

Exeter Parks and Recreation
32 Court St
Exeter, NH 03833

CONTACT US AT:

Office: 773-6151
Fax: 773-6152
Web: <http://town.exeter.nh.us/rec>

For Office Use Only

Check # _____ CC Cash Schlrshp

Amount: _____ Entered: _____

**PARENT/
GUARDIAN
CONTACT
INFO**

Parent/Guardian(s) First & Last Name(s)

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

E-mail

Alt. Emergency Contact Name

Phone Number

COURSE CHOICES

Participants Information		Elementary School	Sex	Date of Birth	Grade in Sept	Name of Class / Program	Class Code					Fee
First Name	Last Name											
												-
												-
												-
												-
												-

* Special Requests:

Total Fees

COMPLETE IF PAYING BY CREDIT CARD VIA FAX/MAIL

Name as it appears
on the Card:

Signature

CC Number

Exp. Date

3 Digit PIN

*MC/VI Only

PLEASE NOTE:

An additional medical release form will be e-mailed to you at the e-mail address you have provided. Please complete and return to the office as soon as possible. If an e-mail address has not been provided, please stop by the office.

PLEASE READ AND SIGN THE WAIVER BELOW

Participation in this sport/activity 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(s) listed below, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Exeter, 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 parent/guardian named below can not be reached at the phone numbers provided. All Recreation Department classes/events may be photographed. Participants may be photographed for Town of Exeter programs and promotions.

REFUND PROCEDURE - Refunds are issued only when a class is cancelled by the Recreation Department or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program because of a medical condition. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Exeter Recreation Department. The Recreation Director will review and either approve or deny in writing your request. Any authorized refunds are subject to a \$5.00 cancellation fee.

Signature (parent/guardian if participant is under 18 years of age)

Date

o _____

REMEMBER THESE 5 EASY WAYS TO REGISTER!

1

**Drop-Box**

An after hours drop box is provided. The box is located beside the door of our Park Recreation Office parking lot side.

2

**Fax**

(603)773-6152
Please include your credit card information (Visa/MasterCard)

3

**On-Line**

<https://xtrnh.net/>
Contact the Recreation Office for user name & password. First time registrants must use paper form initially.

4

**Mail-In**

Mail completed registration form & payment to:
Exeter Parks & Recreation
32 Court St.
Exeter, NH 03833

5

**In-Person/Walk-In**

Visit us at the Recreation Office on 32 Court St Exeter to fill out your registration in person. Office hours are Monday-Friday 8:15 am - 4:15 pm.