



# REGISTRATION FORM

**CONTACT US AT:**  
 Office: 773-6151  
 Web: <http://exeternh.gov/recreation>

<b>PARENT/ GUARDIAN CONTACT INFO</b>	Parent/Guardian(s) First & Last Name(s)		Secondary Parent/Guardian(s) First & Last Name(s)	
	Address			
	City		State	Zip
	Home Phone	E-mail		Cell Phone
	Secondary Parent/Guardian E-mail		Secondary Parent/Guardian Cell Phone	

## COURSE CHOICES

First Name	Last Name	Sex	Date of Birth	Current Grade	Name of Program	Fee

Uniform sizes (If applicable): T-Shirts(Circle One): XS S M L AS AM AL Pants(Circle One): XS S M L	<b>Total Fees</b>	
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COMPLETE IF PAYING BY CREDIT CARD VIA FAX/MAIL												RETURN WITH PAYMENT TO:		
Name as it appears on the Card:						Signature						Exeter Parks and Recreation 32 Court St Exeter, NH 03833		
CC Number														
Exp. Date			3 Digit PIN			*MC/VI Only								

**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 cannot 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.

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

- ALLERGIES: \_\_\_\_\_
- MEDICATIONS: \_\_\_\_\_
- ANY OTHER CONCERNS WE SHOULD BE AWARE OF: \_\_\_\_\_