

For office use only: Number _____ Key Code _____ R/N _____ Check/Cash _____

PLYMOUTH PARKS AND RECREATION
PROGRAM REGISTRATION FORM
ONE FORM PER CHILD PER PROGRAM

What program are you registering for? _____ Session or Time (if applicable): _____

T-shirt size: _____ Level Ability (if applicable): _____

I am interested in: volunteering coaching sponsoring a team

Contact me at: _____

Child's Name: _____ Home Phone: _____ Sex: M F

DOB: _____ Age: _____ Grade: _____ School: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

I am a (circle one): Plymouth resident/taxpayer – or – non-resident/non-taxpayer

EMERGENCY INFORMATION

Parent/Guardian Name: _____

Work/Day Phone: _____ Cell Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

If unable to contact parents, call: Name: _____ Phone: _____

Please list any physical limitations/restrictions, allergies, medications being taken and their side effects: _____

For Grant Application and Reporting purposes, please check all that apply/complete the following:

Special Education Special Needs IEP ESL Free/Reduced Lunch Ethnicity: _____

Permission to Use Photographic Images

Occasionally, the Department uses photos or video taken of program participants in publications such as brochures, flyers, webpages, etc. Please indicate your preference by checking the appropriate box:

Yes, participant photo may be used. No, participant photo may not be used.

RELEASE OF ALL CLAIMS

In consideration of the permission granted for the participant named above to take part in the above named Parks and Recreation program, I hereby release for myself and my heirs, the Town of Plymouth, its agents, employees, volunteers and other program participants from all actions, damages and claims that may result in personal injuries and property damages.

I recognize there may be inherent dangers in participating in Parks and Recreation programs which may present a strain on the body and its parts, and furthermore, I represent that to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program.

I understand that, in case of injury or illness, Parks and Recreation will attempt to contact the person identified on reverse side as the "person to notify in case of emergency." In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to a medical facility.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

Signature (Parent/Guardian if participant is under 18)

Date

Fill out and return, with payment, to: Plymouth Parks and Recreation
43 Old Ward Bridge Rd., Plymouth, NH 03264
Phone: 536-1397 Fax: 536-9085
E-Mail: parkrec@plymouth-nh.org