



# REGISTRATION FORM

Creating Community  
Through People,  
Parks and Programs

PO Box 659, Alton, NH 03809 • 603.875.0109 • fax: 603.875.0242 • parksrec@alton.nh.gov • www.alton.nh.gov

Please complete ALL information legibly. Full payment is due at the time of registration. Checks should be made payable to "Town of Alton" and mailed to PO Box 659, Alton, NH 03809 or dropped off at the Alton Parks and Recreation office located at 328 Main Street (AVAS Public Park) on Route 11 across from Levey Park. Please do not send cash.

## Parent/Guardian or Adult Participant Information

For youth registration, please provide both parent/guardian names, addresses, phone numbers and email addresses.

### Parent/Guardian #1 or Adult Participant

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #s: Cell: \_\_\_\_\_ Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Please add me to your email distribution list.

### Parent/Guardian #2

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #s: Cell: \_\_\_\_\_ Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Please add me to your email distribution list.

## Emergency Notification and Medical Information

In case of emergency, please notify  Parent/Guardian #1 listed above or  Parent/Guardian #2 listed above. Alternate contact is:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Please list all others authorized for youth pick-up: \_\_\_\_\_

Please indicate hospital preference: \_\_\_\_\_  Check here for no hospital preference

Doctor's name: \_\_\_\_\_ Doctor's office phone: \_\_\_\_\_

Please list any allergies, limitations or accommodations needed: \_\_\_\_\_

Please list medications your child is taking: \_\_\_\_\_

## Registration Information

\* n/a for adult registration

Participant Name	Gender	Date of Birth*	Grade Entering*	Activity Name	Cost
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				

Please enclose a self-addressed, stamped envelope if you would like a receipt mailed to you

**TOTAL DUE:**

**Recreation Soccer Program:** If registering for Rec Soccer, please circle shirt size: YS YM YL AS AM AL XL

## Waiver and Release of Liability

Participation in this recreation program may involve risk of injury, including, but not limited to, sprains, strains, bruises, torn muscles, broken bones, eye and head injuries. As a parent, guardian or participant, I attest and verify that I have full knowledge of the risks involved, and that I am/my child is physically fit to participate in the program. In consideration for participation in the programs/activities listed, I hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Town of Alton, Alton Parks and Recreation, its officers, agents, employees and volunteers, 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 program/activity. In addition, I give my permission for myself/my child to be treated by qualified medical personnel in the event that the emergency contact or parent/guardian listed cannot be reached at the phone numbers provided.

Signature (parent/guardian must sign for participants under 18)

Date