

**YOUTH REGISTRATION FORM**

Program \_\_\_\_\_ Session # \_\_\_ (if applicable) Start Date \_\_\_\_\_

Participants Name \_\_\_\_\_

Male/Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ (used for notice of cancellations or changes)

**Parent/Guardian** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ (used for notice of cancellations or changes)

**Emergency Contact Person (if parent/guardian is not available)** \_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Please provide the name and address of anyone other than the parents or guardians listed above that have your permission to pick up your child from this program. Address must match the photo id that will be requested by our supervisor:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Allergies, disabilities or other illness that would affect "normal" participation: Yes [ ] No [ ]

(If yes, please explain) \_\_\_\_\_

Is your child currently on any medication: Yes [ ] No [ ]

(If yes, please explain) \_\_\_\_\_

Would you like to be added to the Belmont Parks and Recreation E-mail List for notices on upcoming programs? YES [ ] NO [ ] ALREADY ON LIST [ ]

**Payment Information**

Payment is required at the time of registration. Checks should be made payable to Town Of Belmont (unless otherwise noted). Payment can be dropped off with a completed registration form to the Belmont Parks & Recreation Office. There is a drop box at 17 Sunset Drive, Belmont, NH 03220 or if MAILED to PO Box 310, Belmont, NH 03220.

**Refund/ Cancellation Policy**

Program fees are non-refundable. In the event of a family emergency or medical problem a refund or partial refund can be requested in writing. The Recreation Director will advise if a refund or partial refund can be granted. If Belmont Parks and Recreation cancels a program, a full refund of the registration fee will be given. Returned checks will be charged \$25.00.

**Indemnification & Emergency Medical Information**

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Belmont, its 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 my child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that in an emergency an attempt will be made to communicate with me prior to use of this waiver.

**For Hospital Information only**

Doctor's Name \_\_\_\_\_ Doctor's Telephone # \_\_\_\_\_

I understand the cancellation/refund policy is strictly enforced. If program is cancelled by the Department, you will be notified with full refund. I also understand that if I miss any of the classes, I may not be able to get a refund and/or an administrative fee may be deducted. **As a parent, guardian, or participant, I allow the Belmont Parks & Recreation Department to take my picture and use it for advertising and promotional purposes.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Official Use Only: Belmont Resident [ ] Yes [ ] No      Cash/Check # \_\_\_\_\_ Amount \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_