



**Town of Belmont**  
**Office of Parks & Recreation**  
PO Box 310, 143 Main Street, Belmont, NH 03220  
Phone & Fax (603) 267-1865  
www.belmontnh.org

**IMPORTANT: READ THIS BEFORE YOU SUBMIT YOUR REGISTRATION FORM**

**Gunstock Outreach Ski and Snowboard Program**

**Program Dates: January 8, 15, 22, 29, 2017—(Make-up Date: February 5, 2017)**

**DEADLINE FOR ALL REGISTRATION FORMS: Tuesday, November 15, 2016**

**Thank you for your interest in chaperoning our ski and snowboard program, I will be in contact to let you know if you've been approved for the program as soon as possible.**

**Please use this check list to make sure you have submitted and completed all the required forms for this program:**

- \_\_\_\_\_ Belmont Parks & Recreation Registration form (pages 1 & 2)
  - ◆ Signature required on bottom of page 2
  
- \_\_\_\_\_ Outreach Participant Waiver (page 3)
  - ◆ Fill in name, phone, age and address information of participant
  - ◆ Read this form completely
  - ◆ Circle Skier or Snowboarder
  - ◆ Check appropriate box for level of skier or snowboarder
  - ◆ Signature required on bottom
  
- \_\_\_\_\_ Background Consent Release Form
  
- \_\_\_\_\_ State of NH Criminal Record Check Form

**Completed forms and payment can be mailed or dropped off at the following locations:**

**Mail:** Belmont Parks & Recreation, PO Box 310, Belmont, NH 03220

**Drop Off:** Belmont Parks & Recreation Office, 14 Mill Street, Belmont or Belmont Town Hall, 143 Main Street, Belmont during normal business hours.

Please call Belmont Parks & Recreation should you have any questions.

## CHAPERONE (FREE) REGISTRATION FORM

***Gunstock Outreach Program: January 8, 15, 22, 29, 2017 - (Make-up February 5)***

**\*\*\*Free Chaperones must be available for all 4 weeks of the program to be approved.**

Check the program you would like to chaperone for:

- Downhill Skiing: no charge for confirmed chaperone  
 Snowboarding: no charge for confirmed chaperone  
 Non-Skiing Chaperone: no charge for confirmed chaperone

Chaperone Participants Name \_\_\_\_\_ Age \_\_\_ Male/Female\_\_\_ Date of Birth \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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

E-mail Address (please PRINT) \_\_\_\_\_

***Please provide an e-mail address that can be used for changes and cancellations in the program.***

Medical problems or allergies \_\_\_\_\_

Medications participant is currently taking \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

As a volunteer chaperone for this program I'm required to submit to a Criminal Record Check, please complete attached consent form and state of NH criminal record check form.

I would prefer to chaperone 3-4 children; Kindergarten to 3rd Grade: Skiers \_\_\_\_\_ Snowboarders \_\_\_\_\_

I would prefer to chaperone 5-7 children; 4th Grade to 7th Grade: Skiers \_\_\_\_\_ Snowboarders \_\_\_\_\_

Are there any dates of this program you are NOT available including the make-up date \_\_\_\_\_

Name of Child(ren) enrolled in this program:	Skier or Snowboarder	Age of Child:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which child would you prefer to be grouped with as a chaperone \_\_\_\_\_

**PAYMENT INFORMATION:** Payment is required at the time of registration with checks made payable to the Town of Belmont. Payments can be dropped off at Town Hall or the Belmont Parks & Recreation during office hours, or mailed to arrive by the program deadline.

**REFUND POLICY:** A prorated refund will be offered to participants withdrawing from the program ONLY in the event of a proven injury or illness. Written requests for a refund must be submitted with a letter from the participant's physician and must be submitted within one week of injury. All refunds will be issued to Belmont Parks & Recreation at the end of April 2017. Please contact Belmont Parks & Recreation for a refund request form.



**Release of Liability & 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 whether I or the minor participant named below have the ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself or the minor participant named below, 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.

I give my permission for myself to be treated by qualified medical personnel if I am injured, or for the minor child participant named below 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:**

Our Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

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

<b>X</b> _____		
<b>Participant Signature</b>	<b>Participants Printed Name</b>	<b>Date</b>

Official Use Only: Belmont Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Cash/Check # _____	Amount: _____
Received by: _____	Date: _____	Time: _____

# OUTREACH PARTICIPANT RELEASE OF LIABILITY

School Name: Belmont Parks & Recreation Email Address: \_\_\_\_\_  
Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### \*\*\*RELEASE OF LIABILITY\*\*\* PLEASE READ CAREFULLY\*\*\*

**WARNING:** All forms of skiing, snowboarding, recreational activities and the use of aerial and surface lifts are hazardous. Falls and injuries are a common occurrence. Recreational users of the ski area must use deliberate and conscious control and proper equipment, both on the ground and in the air, in relation to ever changing variables and dangers. Safety is directly affected by personal judgment in the severe elements of mountain forest terrain. Ski and/or ride within one's own ability. Be alert to continually changing weather, visibility and surface conditions and other inherent risks including but not limited to: existing and changing surface or sub-surface snow and ice conditions, dirt, grass, bare spots, forest growth, trees, rocks, stumps, and other natural objects and collisions with or falls resulting from such natural objects, lift towers and components thereof, lights, signs, posts, fences, mazes or enclosures, hydrants, water or air pipes (all the foregoing whether above or below the snow surface), snowmaking and snow grooming equipment, marked or lighted trail maintenance vehicles and snowmobiles, other man-made structures or objects and their components, and collisions with or falls resulting from such man-made objects; variations in steepness or terrain, whether natural or as a result of slope design; snowmaking or snow grooming operations, including but not limited to ski jumps, roads and catwalks or other man-made or natural terrain modifications and features including Freestyle Terrain; the presence of and collisions with other skiers and riders and the failure of others to ski and ride safely, in control or within their own ability.

I, the undersigned, hereby express my desire and approval for myself or my child's participation in the Learning Center Program. I acknowledge that such participation will include, without limitation, participation in various types of snow-sports instruction and activities and the use of Gunstock equipment, as well as the slopes, trails, Freestyle Terrain and related facilities, including ski lifts. I further acknowledge that participation in the program is voluntary and entirely at my risk and/or that of my child. I understand that recreational and other activities involve inherent and other risks of **INJURY** and **DEATH**. I agree that having a resort employee present does not lessen the amount or severity of the risks or hazards of these activities. I assume all risk of personal injury or loss of property as defined in **RSA 225A:24** (Responsibility of Skiers and Passengers).

I acknowledge that my child's involvement may include skiing, snowboarding, the use of Freestyle Terrain, lifts and participation in other recreational activities, and that these activities are **HAZARDOUS** and myself or my child have made a voluntary choice to participate in these activities despite the risks.

**I hereby promise not to bring a claim against or sue, and AGREE TO RELEASE** Gunstock Area, Gunstock Area Commission, the County of Belknap, their shops, employees, owners, affiliates, agents, landowners, officers, directors, and their successors in interest, any equipment manufacturers and distributors, (collectively "Releases"), **from all liability for injury, death, property loss and/ or damage that results from participation in recreational activities, that is in any way related to participation in the Learning Ctr. Program, the use of the equipment, or is related to any other activity at Gunstock including all liability that results from the NEGLIGENCE OF Releases, or any other person or cause.**

I further agree to **DEFEND, INDEMNIFY and HOLD HARMLESS** Releases for any loss or damage arising from claims or lawsuits related in any way to myself or my child's participation in the program, use of the equipment, or any other activities on Releases' premises. I understand that permission to use Releases premises, and myself or my child's involvement in this program is being given in exchange for the execution of this Release of Liability.

I authorize Releases to administer first aid as they deem necessary. I authorize transportation to a medical facility, at my expense, if deemed necessary by Releases. Further, in the case of serious illness or injury, if I cannot be reached, I give permission for treatment, including medical and/or surgical care necessary for the well-being of myself or my child, at my expense. I agree that upon transporting my child, to any medical facility, clinic or hospital, that the responsibility of the Releases shall be totally fulfilled and the Releases shall have no further responsibility. I understand that Releases will, to the best of their ability, attempt to notify me as soon as possible in the event of an emergency.

I hereby grant exclusive permission to Releases and their respective agents, clients and assign to use myself or my child's name and image(s) for the purpose of publicity, public relations, editorial, or other advertising purposes without restriction as to frequency or duration.

I acknowledge that this agreement is governed by the applicable laws of the State of New Hampshire. I further agree that any action involving parties or issues relating to or arising out of this agreement must be instituted and prosecuted in the state or Federal courts of New Hampshire. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

**I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS ACKNOWLEDGEMENT AND RELEASE OF LIABILITY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN AGREEMENT BETWEEN MYSELF AND THE RELEASEES THAT LIMITS MY, OR MY CHILD'S LEGAL RIGHTS AND I SIGN IT OF MY OWN FREE WILL.**

As parent/guardian of the above-named minor, I acknowledge that I am authorized to sign this agreement. I acknowledge and agree that I have read the foregoing release and that by signing this release I agree to be bound by its terms. I specifically agree to **INDEMNIFY, DEFEND AND HOLD HARMLESS** Releases as defined on this form for any claim, suit, expense or loss which arises out of the above-named minors participation in the Children's Program, or which arise out of the minor's presence on the Releases premises.

**X**

DATE: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN**

Circle One: **Skier** OR **Snowboarder** Please check the appropriate level below

- FIRST TIME** – Appropriate for those who have NEVER skied or snowboarded before
- MOUNTAIN MAGIC** – Appropriate for those who are comfortable on the MAGIC CARPET, in the PENNY PITOU complex or GREEN CIRCLE terrain.
- MOUNTAIN ADVENTURE** - Appropriate for those who are comfortable on all GREEN CIRCLE (easiest) or BLUE SQUARE (more difficult) terrain depending on snow conditions.
- MOUNTAIN EXCITEMENT** - Appropriate for guests who are comfortable on Blue Square (more difficult) or Black Diamond (most difficult) terrain in most conditions.



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**Background Consent/Release Form**

Applicant's Legal Name (printed) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# State of New Hampshire

## Criminal Records Unit

Department of Safety  
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

### NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS

### EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  Male  Female

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Signed under penalty of unsworn falsification pursuant to RSA 641:13

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Janet Breton, Town of Belmont

Address PO Box 310 City Belmont State NH Zip 03220

Your Signature X \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_

(AFFIX SEAL)

Signature of person/entity to receive record \_\_\_\_\_ Date \_\_\_\_\_

#### RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

#### FEES

LIVESCAN - \$37.00 (\$47.00 if printed at a state police livescan site)  INKED - \$47.00 VOLUNTEERS - \$30.75 (Livescan or Ink)

NOTE: Make checks payable to: State of NH - Criminal Records  NH Only- \$25.00

Applicant fingerprint card must be submitted at the same time as payment and this form.