Belmont Parks & Recreation
PO Box 310, 143 Main Street
Belmont, NH 03220

www.belmontnh.org
(603) 267-1865
recreation@belmontnh.org

Boston Theatre & Shopping Trip: December 10, 2016-Saturday

Cirque Dreams Holidaze: #_____@ $105 #_____@ $85

Boston Shopping & Sightseeing: #_____@ $35

TICKETS are non refundable unless seats can be resold.

Name _____ Age_____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone_____

E-mail Address_____(please print)

Additional Family Members Participating: ***(One form per family residing at the same address)***

Name	Age	Name	Age

Please use this space to list the names of anyone in the group that has a medical condition, allergies, or dietary concerns for trips including meals:

Participants Name	Condition/Allergies/Dietary Concerns

Emergency Contact _____ Relation_____

Emergency Contact Phone_____ Alternate_____

Would you like to be added to the Belmont Parks and Recreation E-mail Address 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 mailed with a completed registration form to the Belmont Parks & Recreation Office, PO Box 310, Belmont, NH 03220.

Refund/ Cancellation Policy: Program fees are non-refundable unless seats can be resold. 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. I understand that inappropriate personal conduct, including but not limited to; intoxication, violation of the venues rules or bus company policy will not be tolerated and that my failure to comply with this policy may result in my removal from the bus or loss of my transportation privileges back from the venue.

For Hospital Information only:

Our Doctor's Name: _____ Doctor's Phone #:_____

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.**

_____ _____

Adult Participants Signature Date

Official Use Only: Belmont Resident [ ] Yes [ ] No Cash/Check # _____ Amount _____

Received by _____ Date _____ Time _____