

YOUTH REGISTRATION FORM

Program: Cross Country Ski Lessons January 7-28, 2017

Participants Name _____ Age ___ Grade ___ Male/Female ___ Date of Birth _____

T-Shirt Size, circle the correct YOUTH or ADULT size for participant (not all programs provide or offer t-shirts)

YOUTH: xsmall (4) small (6) medium (8-10) large (12-14) **ADULT:** small medium large xlarge 2xlarge

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 with checks made out to Town Of Belmont (unless otherwise noted). Payment can be dropped off at Town Hall or mailed to Belmont Parks & Recreation, 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 _____

Bolduc Park

282 Gilford Avenue

Gilford, NH 03249

603-524-1370

Cross Country Ski Lessons YOUTH Waiver

Child's Name: _____

By signing below, I am assuming the risk of and do grant permission for my above listed child to participate in the Cross Country Ski Lesson program sponsored by the Belmont Parks and Recreation Department and Bolduc Park. I understand that my child's photo may be taken during the course of the program to be used for promotional purposes. I understand that skiing outdoors can take place in a variety of conditions that include but are not limited to; exposure to extreme cold, snow, rain and wind; trails that may be uneven, muddy, snow covered, icy and slippery. I understand that skiing outdoors can be a vigorously physical activity and may result in death, hypothermia, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I do release Bolduc Park, the Belmont Parks and Recreation Department, their employees, volunteers and participants of any claim arising from injury to my child during the normal course of the program.

Signature of Parent or Guardian

Date