

PRESCHOOL PROGRAM REGISTRATION FORM

Program: Preschool Playtime

Start Date: _____

Participants Name _____ Parent/Guardian Participant _____

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 with checks made payable to Town Of Belmont (unless otherwise noted). Forms and payment can be dropped off at the Belmont Parks & Recreation Office, drop box located at the rear of the Belmont Mill. All **MAILED** forms must be sent 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 _____