



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 FORMS

Gunstock Outreach Ski and Snowboard Program

Program Dates:
January 6, 13, 27 & February 3, 2019

Make-up Date: February 10, 2019 (if needed)

DEADLINE FOR ONLINE REGISTRATION: Wednesday, November 7, 2018 (\$35 late fee after)

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

- _____ Gunstock ONLINE Registration
 - ◆ Outreach fees are paid at time of registration
 - ◆ Rentals are FREE for the Sunday's of the program if needed
 - ◆ Outreach Participant Waiver is completed

- _____ Belmont Parks & Recreation Registration form (pages 1 & 2)
 - ◆ Check boxes on page 1 as they apply
 - ◆ Signature required on bottom of page 2

- _____ Check made payable to **Town of Belmont** for our fees:
 - ◆ \$5 per resident participant
 - ◆ \$15 per non-resident participant
 - ◆ **Plus a \$35 LATE FEE after November 7th if space allows**

When you have completed the online registration send in or drop off the Belmont Parks & Recreation waiver with the fees listed above.

Mail To: 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.

YOUTH Registration Form

Gunstock Outreach Program: January 6, 13, , February 4, 2018 - (Make-up February 11)

Resident Program Cost \$254 \$5 Belmont Recreation + \$249 Gunstock Season Pass (paid online)

Non-Resident Program Cost \$264 \$15 Belmont Recreation + \$249 Gunstock Season Pass (paid online)

Circle the appropriate response for participant listed below:

Participant is a: Downhill Skier Snowboarder

Participant is what level skier/boarder (see description): First Timer Entry Level Intermediate Advanced

Participant will need the **FREE** rentals on Sundays: Yes No (if yes complete rental waiver)

Participant will need a chaperone for the program: Yes No

Participant will be taking the FREE 1 hour lesson each week: Yes No

Make check payable to Town of Belmont for the recreation fee \$5 or \$15 due by: Wednesday, November 7, 2018

Participants Name _____ Age __ Grade__ Male/Female__ Date of Birth _____

Custodial Parent/Guardian Name(s) _____

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.

Parent/Guardian Name (residing at a different address) _____

Phone #1 _____ Phone #2 _____

Mailing Address _____ Town _____ State _____ Zip _____

E-mail Address (please PRINT) _____

Medical problems or allergies _____

Medications participant is currently taking _____

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 required by the program supervisor before your child can be released. Required only for chaperoned participants.**

Name _____ Relation _____

Street Address _____ Town _____ State ____ Zip _____

Phone #1 _____ Phone #2 _____

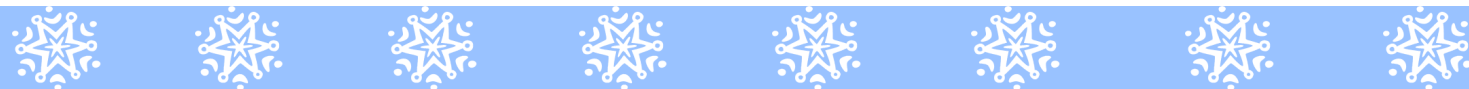
Name _____ Relation _____

Street Address _____ Town _____ State ____ Zip _____

Phone #1 _____ Phone #2 _____

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 2018. 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:

Participants 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.**

| | | | | |
|----------|----------------------------------|-------------------------------------|---------------------|-------------|
| X | _____ | _____ | _____ | _____ |
| | Parent/Guardian Signature | Parent/Guardian Printed Name | Relationship | Date |

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

Received by: _____ Date: _____ Time: _____