

Deerfield Parks & Rec.'s 2008 "Register for EVERYTHING Form"

PARTICIPANT SECTION (one line per participant/per activity)

Participant Name	Activity	DOB	Age	Fall Grade	Shirt Sz	Cost
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Check # _____ Total Amount Due \$ _____

PARENT/GUARDIAN SECTION

Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip Code _____ Phone (Home) _____

Phone (Alternative) _____ Email Address _____

Lives with: Myself _____ Other _____

Emergency Contact _____ Phone number _____ Relationship _____

Insurance Carrier _____ Group & ID# _____

** Low -cost or free health insurance is available for children throught NH Healthy Kids. For more information or to apply call 1-877-464-2447 or visit nhhealthykids.com*

Medical Concerns: _____

Program Cancellation: DPR reserves the right to cancel any program, event, or activity for any reason preventing a quality outcome. Note that money/monies paid for registration of any cancelled program will be refunded in full to registrar post cancellation.

Age requirements: DPR puts great consideration into its age and/or grade requirements. Please follow the age requirements, and understand that they are set to benefit the participants and instructors to make the program a positive experience for all.

Refund Policy: No refunds, credits, or transfers will be issued after the first day of the class or program. Full refunds will be granted only if requested prior to the start date of a class or program.

I/We, the undersigned legal parent/guardian of minor mentioned above, give permission for any medical emergency treatment said minor might need during Deerfield Parks and Recreation activity registered for above. Furthermore, I will not hold the Town of Deerfield, Deerfield Parks and Recreation, its staff, Volunteers, or agents responsible for any accidents or injuries occurred during said minors participation. I am also aware that some activities require personal Vehicle transportation and do allow my child to ride with the volunteers of Deerfield Parks & Recreation Department without liability to volunteer. I / we agree that said minor listed above is in proper physical and mental condition to allow him/her to participate and that I/We assume the risk of participation. I/We the parent(s)/Legal guardian(s), the undersigned have read this release and understand all its terms. I/We execute it voluntarily and with the full knowledge of its significance. I/We have executed this release on this date indicated next to my/our(s) name(s).

Parent/Legal Guardian Signature _____ Date _____

Please mail or submit in person to: Deerfield Parks & Recreation Dept,
PO Box 159, 8 Raymond Road, Deerfield, NH 03037
For More Information: Joe Manzi, 463-7917 or email us at: dflparks@townofdeerfieldnh.com
Keep updated, visit our website at www.townofdeerfieldnh.com