

# DEERFIELD PARKS & RECREATION - 8 RAYMOND ROAD - DEERFIELD, NH 03037

## REGISTRATION/PARENTAL PERMISSION FORM

(Please complete a separate form for each participant)

Event/Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age (see 'Age Requirements' below): \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: YS YM YL YXL S M L XL 2XL 3XL  
(circle one)

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ***Complete below if Participant is under the age of 18.***

Parent/Guardian Name: \_\_\_\_\_ D.O. B.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In consideration of the permission granted to the individual named above to participate in the Deerfield Parks & Recreation programs, I/We SHALL RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Town of Deerfield, the Deerfield Parks & Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the Town of Deerfield, its agents and employees or otherwise while the named participant participates in its programs. **PLEASE INITIAL:** \_\_\_\_\_

I/We are aware that participation in this program may present a strain on my and/or my child's body, or its parts and therefore I represent to Deerfield Parks & Recreation that to the best of my knowledge, I and/or my child is in proper physical condition to participate and that I/we assume the risk of participation. **PLEASE INITIAL:** \_\_\_\_\_

### Emergency Information

I/We understand that in the case of injury or illness, an emergency contact will be notified. If it is impossible to contact me, and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize and administer anesthesia, or order injections or surgery for the safety of my child and/or I. Provide two Emergency Contacts below. **PLEASE INITIAL:** \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Medical Information (include *all* allergies, medications, and medical conditions): \_\_\_\_\_

Insurance (provider, group #, etc.): \_\_\_\_\_

### Media Release

The Deerfield Parks & Recreation Department \_\_\_\_\_ HAS \_\_\_\_\_ DOES NOT HAVE my permission to use any photo of my child taken during this program for recreation displays/printed material/social media posts. **PLEASE INITIAL:** \_\_\_\_\_

### Age Requirements

DPR puts great consideration into its age and/or grade requirements for its activities and program offerings. 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.

For Lamprey River Little League Baseball & T-Ball the Age Eligibility Date is August 31<sup>st</sup> of the current year to determine league age for that season.  
For Lamprey River Babe Ruth Softball the Age Eligibility Date is December 31<sup>st</sup> of the previous year to determine league age for the season.  
For Babe Ruth Baseball the Age Eligibility Date is May 1<sup>st</sup> of the current year to determine league age for that season.

**Program Cancellation / Refund Policy**

DPR reserves the right to cancel any program, event, or activity for any reason preventing a quality outcome. Please note that money/monies paid for registration of any cancelled program will be refunded in full to registrant post cancellation. **PLEASE INITIAL:** \_\_\_\_\_

No refunds, credits, or transfers will be issued after an evaluation, or the first day of the class or program. Full refunds will **only** be granted by a written request (i.e.: letter, email, etc.) to DPR prior to the start date of an activity, class, or program and on a case-by-case basis.  
**PLEASE INITIAL:** \_\_\_\_\_

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**Waiver/Release**

I/We agree to indemnify the Town of Deerfield Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Deerfield Parks & Recreation Department, their agents, and its employees become legally obligated to pay including reasonable attorney fees and costs, as a result of claims, demands, costs, or judgments, against the Town of Deerfield Parks & Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the Deerfield Parks & Recreation Department, their agents and employees and whether or not such liability is sole, joint or several.

I/We the participant or parent/legal guardian, the undersigned, have read this release and understand all of its terms.

I/We have executed this release on this date indicated next to my/our names.

**Signature of Participant or Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:** Date Received: \_\_\_\_\_ Cash / Check ( # \_\_\_\_\_ ) Amount: \_\_\_\_\_

Notes: \_\_\_\_\_  
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