Adult Participant/Parent/Guardian

Name _____

Mailing Address _____ Town _____ Zip _____

Email Address _____ Cell Phone _____

Home Phone _____ Work Phone _____

Emergency Contacts _____ Phone _____

_____ Phone _____

Describe any allergies/medical problems _____

Return with payment to:
Parks and Recreation Dept.
One Circle Drive
Meredith, NH 03253

Please make check payable to:
Town of Meredith

Participant	Resident?	Sex	D.O.B.	Age	Grade	Program/Session	Resident Fee	Nonresident Fee	Total
	Y N								
						Total Enclosed			

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 Meredith, 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 the 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 the cancellation/refund policy of the Parks and Recreation Dept. The Dept. encourages registrants to carefully consider their schedule prior to registration. No fee will be remitted after the program begins. This policy is strictly enforced. If program is cancelled by The Dept., you will be notified and full fee refunded. **As a parent, guardian, or participant, I allow the Meredith Parks and Recreation Department to take my picture/video and use it for advertising and promotional purposes.**

_____
**Signature (Parent/Guardian if participant under 18) Date

_____
**Other Signatures—all those listed above, over 18 years of age must sign release form

Paid _____

Rec'd by _____