Barrington Recreation Program Registration Form

(603) 664-5224 RecDept@metrocast.net

105 Ramsdell Lane Barrington, NH 03825

Mailing Address: P.O. Box 660 Barrington, NH 03825

PARTICPANTS 18 YEARS OF AGE AND OVER: Please fill out sections 1, 2, 5, 6 & 8
PARTICIPANTS UNDER 18 YEARS OF AGE: Please fill out sections 1 through 8

1 Program Registration Information

Program Name:

Please make check payable to **BARRINGTON RECREATION DEPARTMENT** Mail to: P.O. Box 660 Barrington, NH 03825

|| *Office Use Only* || *Date Received:* / / Total Paid: $ check# or cash *(circle)* rec'd by:

2 Participant Information

Participant Name: _____ E-mail: _____

Mailing Address: _____ Phone #: _____

Town: _____ State: _____ Zip Code: _____

3 Minor Child information

Birth Date: _____ Age: _____ Current Grade: _____ Gender: M / F

Shirt Size *(circle one)*: YS(6/8) YM(10/12) YL(14/16) AS AM AL AXL

Additional Information: _____

4 Parent/Guardian Information

Parent/Guardian: _____ E-mail: _____

Mailing Address: _____ Home Phone #: _____

Town: _____ State: _____ Zip Code: _____ Work Phone #: _____

Cell Phone #: _____

5 Medical Information/Emergency Contact Information

Participant's Doctor: _____ Phone #: _____

Participant's Dentist: _____ Phone #: _____

Medical Info/Conditions/Allergies: _____

Emergency Contact *(other than self, parent or guardian)*: _____ Phone# : _____ Relationship: _____

6 Photo Release Authorization

Occasionally, photographs or video will be taken of the particpant in this program. These photographs or videos may be selected for use in town and/or recreation department publications including it's website. However, we will not identify participant by name or release any other personal information.

(check one) ____ I GIVE MY PERMISSION or ____ I DO NOT GIVE MY PERMISSION for participant to be photographed.

7 Parent/Guardian Involvement (IF APPLICABLE TO PROGRAM)

WE NEED YOUR HELP to make our program successful from year to year. If not enough parents/guardians volunteer, this program will be in danger of cancellation.
NO EXPERIENCE IS NECESSARY for anyone wishing to coach - several training sessions are provided for gameplay and coaching techniques.

PLEASE VOLUNTEER FOR ONE OR MORE OF THE FOLLOWING ROLES:

____ COACH (Responsible for organizing team effort, skills and play as well as keeping parents informed and involved)
____ Assistant COACH (Assist coach with assigned team)
____ Field/Gym Supervisor (Has first aid kit/Makes sure equipment is put away/Reports any problems or concerns to Recreation Department

8 Liability Release Waiver and Authorization Information

The above named participant or minor child in section 1 of this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to idemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISINT FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR IT'S OFFICERS, AGENTS, EMPLLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event I cannot be reached in an emergency of requiring medical attention for the above named child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below:

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in section 8. My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound by this document.

Participant/Parent/Guardian Signature: _____ Date: _____

LAST NAME, FIRST NAME

FITNESS PAYMENT SHEET

SESSION/CLASS	DATE	AMOUNT	CK#/CASH

DROP-IN

CLASS	DATE	AMOUNT	CK#/CASH