

JAFFREY PARKS AND RECREATION

Program Registration Form

Please return completed form to the Jaffrey Parks and Recreation Department, 31 Howard Hill Road, Jaffrey, NH 03461

Participant Name	M/F	Birthdate	School	Grade	Activity	Fee	Shirt Size

General Contact Information

Participant or Parent/Guardian (1) _____ Are you willing to coach/volunteer for the program? _____

Address _____ Town _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____ Email _____

Parent/Guardian Name (2) _____ Are you willing to coach/volunteer for the program? _____

Address _____ Town _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____ Email _____

Emergency Contact Information

Name (1) _____ Relation to Participant _____ Phone (H) _____ (C) _____

Address _____ Town _____ Zip _____

Medical Information

Family/Child's Doctor _____ Address _____ Phone _____

Medical Insurance Company _____ Policy/Group # _____

Allergies/Special Diet _____

Special Limitations or Concerns _____

Chronic Health Conditions _____

I assume all risks and hazards incidental to participation in Jaffrey Parks and Recreation program or sponsored program, including transportation to and from activities and program, and I do hereby waive, release and agree to hold harmless the said Town, its volunteers, staff and all sponsors for any claim arising out of injury to myself or property damage that might occur during participation. If applicable, am aware of the hazards of the sport/program and the risk of injury in these programs. In case of emergency, I hereby give permission to the program staff and medical personnel selected by Jaffrey Parks and Recreation Department and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for participant to be transported to an emergency medical facility to receive medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment if warranted. I authorize Jaffrey Parks and Recreation Department to reasonable use of any and all images and statements of/by/about the participant during any part of a Jaffrey Parks and Recreation program for promotional purposes.

Participant Signature or Parent/Guardian of Minor _____ **Date** _____