				REC		TRAT ORM	ION	CONTACT US AT: Office: 773-6151 Fax: 773-6152 Web: http://exeternh.gov/recreation				
	Parent/Guardian(s)First & Last Name(s)							Secondary Parent/Guardian(s) First & Last Name(s)				
PARENT/ GUARDIAN	Address											
	City	City				State	9		Zip			
CONTACT INFO	Home Phone					E-m	ail	Cell Phone				
	Secondary Parent/Guardian E-mail							Sec	Secondary Parent/Guardian Cell Phone			
COURSE CHOICES												
Finithlesse						Date of	Curren	nt Name of	Name of Program			
First Name			Last Name		Sex	Birth	Grade					
Uniform sizes (If applicable):T-Shirts(Circle One):XS S M L AS AM AL Pants(Circle One):XS S M L Total Fees												
COMPLETE IF PAYING BY CREDIT CARD VIA FAX/I Name as it appears Signature							MAIL RETURN WITH PAYMENT TO: Exeter Parks and Recreation					
on the Card:				3				2 Court St				
CC Number								Exeter, NH 03833				
Exp. Date			3 Digit P		EASE R	*MC/VI Only EAD AND SIGN		VER				
BELOW Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed below, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Exeter, it's 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 parent/guardian named below cannot be reached at the phone numbers provided. All Recreation Department classes/events may be photographed. Participants may be photographed for Town of Exeter programs and promotions. <b>REFUND PROCEDURE</b> - Refunds are issued only when a class is cancelled by the Recreation Department or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program because of a medical condition. Signature (parent/guardian if participant is under 18 years of age)												
ALLERGIES:												
MEDICATIONS	S:											
ANY OTHER CONCERNS WE SHOULD BE AWARE OF:												