



SUMMER REGISTRATION FORM

CONTACT US AT:
Office: 773-6151
Web: <http://exeternh.gov/recreation>

PARENT/ GUARDIAN CONTACT INFO	Parent/Guardian(s) First & Last Name(s)		Secondary Parent/Guardian(s) First & Last Name(s)		
	Address				
	City		State	Zip	
	Home Phone		E-mail	Cell Phone	
	Secondary Parent/Guardian E-mail		Secondary Parent/Guardian Cell Phone		

COURSE CHOICES

First Name	Last Name	Sex	Date of Birth	Grade Sept. of 2021	Name of Program	Fee
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/MAIL														
Name as it appears on the Card:										Signature				
CC Number														
Exp. Date					3 Digit PIN				*MC/VI Only					

RETURN WITH PAYMENT TO:
Exeter Parks and Recreation
32 Court St
Exeter, NH 03833

PLEASE READ AND SIGN THE WAIVER 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.

REFUND PROCEDURE - 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) _____ Date _____

- ALLERGIES: _____
- MEDICATIONS: _____
- ANY OTHER CONCERNS WE SHOULD BE AWARE OF: _____