

Participant's Name	Sex	D.O.B.	Age	School	Grade	Shirt Sz.	Name of Program and Session	Fee	Total

Self or Primary Guardian _____ Relationship _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ Pager # _____ E-Mail _____ Business Name _____ Business Phone _____ Business Address _____	Spouse or Primary Guardian _____ Relationship _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ Pager # _____ E-Mail _____ Business Name _____ Business Phone _____ Business Address _____
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If your child is participating in a sport please indicate his/her skill level by circling below:  
**First Time    Beginning    Developing    Skilled    Travel Program**

**YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM OR YOUR APPLICATION WILL NOT BE PROCESSED!!**  
Should we be *unable to contact you or your spouse* in the event of an emergency, please list a different responsible adult we may contact: (Eg: Grandparent, aunt, etc)  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Pager # \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Family/Child's Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Insurance Company and Policy # \_\_\_\_\_  
Allergies/Special Diets 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Special Limitations or Concerns \_\_\_\_\_ Chronic Health Conditions \_\_\_\_\_

**The following information is required for children only**  
Eye Color 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ Hair Color 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ Skin Color 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Height 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ Weight 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ Primary Language 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Identifying Marks 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

I assume all risks and hazards incidental to participation in the Rindge Recreation Department programs, including transportation to and from activities, and I do hereby waive, release, and 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 the participation. If applicable, I am aware of the hazards of the activities/sports and the risk of injury in these programs.

In case of emergency I hereby give my permission to the program staff and medical personnel selected by the Recreation Department and staff, act as my agent, to apply simple first aid when necessary, or in the event of a more serious accident, to be transported to an emergency medical facility to receive emergency 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 the PRD to reasonable use of any and all images and statements of/by/ about the participant during any part of a PRD program for promotional purposes.

**PARTICIPANT'S SIGNATURE — (Parent/Guardian must sign if participant is under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_  
Would you like to volunteer for us? If so, in what capacity? \_\_\_\_\_

<b>PLEASE MAKE CHECK PAYABLE TO: Rindge Recreation Department</b> Rindge Recreation Department PO Box 163 Rindge NH 03461	<b>FOR OFFICE USE ONLY</b>	
	Method of Payment _____	Return _____
	Amount _____	Amount _____
	Date Entered _____	Date _____
	Rec'd by _____	Receipt # _____



WE NEED YOUR HELP!! If you are signing up for a sports program please indicate if you can volunteer for the following: **COACH** **ASST.**  
**COACH** **OTHER**