

**TOWN OF CENTER HARBOR**  
**PARKS & RECREATION DEPARTMENT**  
36 Main Street, PO Box 140  
Center Harbor, NH 03226  
(603) 253-4561 (603) 455-1632 Fax (603) 253-8420  
**parksandrecreation@centerharbornh.gov**

**REGISTRATION/APPLICATION**

Name of Participant: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M   F

Parents/Guardians: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any allergies/medical problems: \_\_\_\_\_

Program/Session: _____	Fee: Resident _____ Non-Resident _____
Program/Session: _____	Fee: Resident _____ Non-Resident _____
Program/Session: _____	Fee: Resident _____ Non-Resident _____

Participation in this activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, heirs, executors and administrators waive and release all rights and claims against the Town of Center Harbor, its officers, employees, agents, volunteers and supervisors, except in the case of 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 permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone number provided. I understand the cancellation/refund policy of the Center Harbor Parks & Recreation Department. The Department encourages registrants to carefully consider their schedule prior to registration.

I give written consent, by signing this document, permission for individual photographs to be used for Town website purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

*Official Use Only:* Amount paid: \_\_\_\_\_ Cash or Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_