



Town of Center Harbor Parks & Recreation Department

36 Main St., Center Harbor, NH 03226

P: 603-253-4561 F: 603-253-8420 E: parksandrecreation@centerharbornh.gov

REGISTRATION APPLICATION

Participant Name D.O.B. Age Gender: M F

Parents/Guardian Name Phone Email

Physical address Mailing address (if different)

Emergency Contact Name Phone

Describe any allergies/medical problems

Program/Session	
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>
7	<input type="text"/>
8	<input type="text"/>

Total Fees* *Make Checks Payable to Town of Center Harbor

Complete this application and submit to:

- Email (Preferred): parksandrecreation@centerharbornh.gov (Include the program title you are registering for in the subject line)
- In Person: Town of Center Harbor, Parks & Recreation, 36 Main St, Center Harbor, NH 03226
- Mail: Town of Center Harbor, Parks & Recreation, PO Box 140, Center Harbor, NH 03226

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 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

Signature of Participant (if over 18)

Date

Date

Town Use Only			
Amount Paid: <input type="text"/>	Cash/Check #: <input type="text"/>	Received by: <input type="text"/>	Date: <input type="text"/>