

ADULT REGISTRATION FORM

Program _____ Session # ___ (if applicable) Start Date _____

Participants Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

E-mail Address _____ (please print)
(e-mail address is used for notice of cancellations or changes)

Would you like to be added to the Belmont Parks and Recreation E-mail Address for notices on upcoming programs?
YES [] NO [] ALREADY ON LIST []

Medical Problems or Allergies _____

Emergency Contact _____ Relation _____

Emergency Contact Phone _____ Alternate Phone _____

Payment Information: Payment is required at the time of registration with checks made out to Town Of Belmont (unless otherwise noted). Payment can be dropped off at Town Hall or mailed to Belmont Parks & Recreation, PO Box 310, Belmont, NH 03220.

Refund/ Cancellation Policy: Program fees are non-refundable. In the event of a family emergency or medical problem a refund or partial refund can be requested in writing. The Recreation Director will advise if a refund or partial refund can be granted. If Belmont Parks and Recreation cancels a program, a full refund of the registration fee will be given. Returned checks will be charged \$25.00.

Indemnification & Emergency Medical Information

Participation in this sport/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, my heirs, executors and administrators waive and release all rights and claims against the Town of Belmont, its 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 my child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that in an emergency an attempt will be made to communicate with me prior to use of this waiver.

For Hospital Information only:

Our Doctor's Name: _____ Doctor's Phone #: _____

I understand the cancellation/refund policy is strictly enforced. If program is cancelled by the Department, you will be notified with full refund. I also understand that if I miss any of the classes, I may not be able to get a refund and/or an administrative fee may be deducted. **As a parent, guardian, or participant, I allow the Belmont Parks & Recreation Department to take my picture and use it for advertising and promotional purposes.**

Participants Signature

Date

Official Use Only: Belmont Resident [] Yes [] No Cash/Check # _____ Amount _____

Received by _____ Date _____ Time _____