

BOW PARKS & RECREATION

REGISTRATION FORM

RETURN WITH PAYMENT TO: <ul style="list-style-type: none"> • Stop in at the Recreation Office located at the Bow Community Center, 3 Bow Center Road, or • Drop in our secured <i>Drop Box</i> located at the front entrance of the Bow Community Center, or • Mail to 10 Grandview Road, Bow NH 03304. 	CONTACT US AT: Office Phone: 603-228-2222 Fax: 603-228-2230 Website: www.bow-nh.com
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PARTICIPANT INFO	Participant First & Last Name	Age/Grade	Sex	Date Of Birth	Parent/Guardian Name
REMINDER: Please notify office staff of ANY changes with contact info or medical updates. Thank you!	Address	City	State	Zip	
	Phone #'s	(Home)	(Work)	(Cell)	
	E-Mail				
	In an emergency, please contact	Relationship	Phone #'s		

PHYSICIAN INFO	Physician's Name	Physician's Phone
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MEDICAL CONDITIONS: YES: | NO: If YES please list

MEDICATIONS: YES: | NO: If YES please list

Does participant carry an inhaler? YES: | NO:

Does participant carry an EpiPen®? YES: | NO:

Program/Trip	Session/Date/Time	Fee Paid	Check # Cash	Date	v	Pickup after completion of afterschool program
						<input type="checkbox"/> PARENT <input type="checkbox"/> BYC <input type="checkbox"/> OTHER _____
						<input type="checkbox"/> PARENT <input type="checkbox"/> BYC <input type="checkbox"/> OTHER _____
						<input type="checkbox"/> PARENT <input type="checkbox"/> BYC <input type="checkbox"/> OTHER _____
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						<input type="checkbox"/> PARENT <input type="checkbox"/> BYC <input type="checkbox"/> OTHER _____
						<input type="checkbox"/> PARENT <input type="checkbox"/> BYC <input type="checkbox"/> OTHER _____

******PLEASE READ AND SIGN THE WAIVER BELOW******

Participation in this sport/activity may involve risk of injury. As a participant or parent, 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 Bow, 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 above participant to be treated by qualified medical personnel in the event that the parent/guardian/emergency contact named above can not be reached at the phone numbers provided.

I give permission to Parks & Recreation to use participants' photo for display or advertisement by the Town of Bow, Parks & Recreation Department.

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