

BOW PARKS & RECREATION

REGISTRATION FORM

RETURN WITH PAYMENT TO:

- STOP BY the Recreation Office located at the Bow Community Center, 3 Bow Center Road
- DROP at our secured *DROP BOX* located at the front entrance of the Bow Community Center
- MAIL to Bow Parks & Recreation, 10 Grandview Road, Bow NH 03304

CONTACT US AT:

PHONE: (603) 223-3920

WEBSITE: www.bownh.gov

PARTICIPANT INFO	Participant First & Last Name	Age/Grade	Gender	Date Of Birth	Parent/Guardian Name
	Address	City	State	Zip	
 REMINDER: PLEASE notify office staff of ANY changes with contact info or medical updates.	Phone #'s	(Home)	(Work)	(Cell)	
	E-Mail				
Thank you!	In an emergency, please contact		Relationship	Phone #'s	
	Physician's Name		Physician's Phone		
PHYSICIAN INFO					

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:

*****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, 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 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**