

# City of Berlin, NH

Recreation & Parks Department



## REGISTRATION & PERMISSION

<b>Return with Payment to:</b>  Berlin Recreation Department 672 First Avenue, Berlin, NH 03570	<b>Contact us at:</b> Office: 752-2010 Fax: 752-8588 e-mail: <a href="mailto:tletarte@berlinnh.gov">tletarte@berlinnh.gov</a>	<b>FOR OFFICE USE ONLY</b>  CHECK # _____ CASH _____ AMOUNT _____ Received by: _____
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Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participating in this program(s) listed below, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Berlin, 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 child(ren) to be administered basic first aid as well as being treated by qualified medical personnel. In case of an emergency, every effort will be made to reach a parent or guardian at the phone numbers provided.

All Recreation Department classes/events may be photographed. Photographs may be used in the promotion of the Recreation Department and the City.

		<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
<b>Signature (Parent/Guardian if participant is under 18)      Date</b>		<b>Are you a Berlin Resident?</b>			
<b>ADULT CONTACT INFORMATION</b>	First & Last Name:				
	Address:				
	City:	State:      Zip Code:			
	Home Phone:	Work Phone:      Cell Phone:			
	E-Mail:	Emergency Contact Name:      Phone:			
School:		Grade:			
<b>PROGRAM CHOICES</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Sex</b>	<b>D.O.B.</b>	<b>PROGRAM TITLE</b>	<b>FEE</b>
How did you hear about us?		Does Registrant have any <u>Special Needs</u> or <u>Medication</u> <u>Conditions</u> we should know about?			<b>TOTAL FEES</b>
					\$