

**RINDGE RECREATION DEPARTMENT**

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Rindge, NH 03461

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**2009 PROGRAM REGISTRATION FORM**

**EVENT:** \_\_\_\_\_ **EVENT DATE(S)** \_\_\_\_\_

NAME \_\_\_\_\_ D.O. B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

EMAIL ADDRESSES \_\_\_\_\_

\*\*\*\*\*

**In case of emergency, During This Program, Please Notify:**

NAME \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_ OTHER \_\_\_\_\_  
(PAGER OR CELL PHONE #)

ADDRESS \_\_\_\_\_ WORK HOURS \_\_\_\_\_  
(HOME OR WORK?)

NAME \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_ OTHER \_\_\_\_\_  
(PAGER OR CELL PHONE #)

ADDRESS \_\_\_\_\_ WORK HOURS \_\_\_\_\_

**In an effort to save time, money and paper, medical information is now on a separate Health Form which must be completed/updated annually, (or as often as necessary.)**

**Waivers are now included on the receipt which must be signed before you, or your child can participate in any recreation department sponsored activity.**

Notes: