Participant's Name	Sex	D.O.B.	Age	School	Grade	Shirt Sz.	Name of Program and Session	Fee	Total

Self or Primary Guardian_____ Relationship_____
Address_____ City_____ State_____ Zip_____
Home Phone_____ Cell Phone_____ Pager #_____
E-Mail_____ Business Name_____
Business Phone_____ Business Address_____

Spouse or Primary Guardian_____ Relationship_____
Address_____ City_____ State_____ Zip_____
Home Phone_____ Cell Phone_____ Pager #_____
E-Mail_____ Business Name_____
Business Phone_____ Business Address_____

If your child is participating in a sport, please indicate his/her skill level by circling below:
First Time Beginning Developing Skilled Travel Program

YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM OR YOUR APPLICATION WILL NOT BE PROCESSED!!
Should we be ***unable to contact you or your spouse*** in the event of an emergency, please list a different responsible adult we may contact: (E.g.: Grandparent, aunt, etc.)
Name_____ Relationship_____ Address_____ City_____ State_____ Zip_____
Home Phone_____ Work Phone_____Ext._____ Pager #_____ Cell Phone_____ E-Mail_____

Family/Child's Doctor:_____ Address_____ Phone_____
Medical Insurance Company and Policy #_____
Allergies/Special Diets_1._____2._____3._____4._____
Special Limitations or Concerns_____ Chronic Health Conditions_____

The following information is required for children only
Eye Color_1._____2._____3._____4._____ Hair Color_1._____2._____3._____4._____ Skin Color_1._____2._____3._____4._____
Height_1._____2._____3._____4._____ Weight_1._____2._____3._____4._____ Primary Language_1._____2._____3._____4._____
Identifying Marks_1._____2._____3._____4._____

I assume all risks and hazards incidental to participation in the Rindge Recreation Department programs, including transportation to and from activities, and I do hereby waive, release, and hold harmless the said Town, its volunteers, staff, and all sponsors for any claim arising out of injury to myself or property damage that might occur during the participation. If applicable, I am aware of the hazards of the activities/sports and the risk of injury in these programs.

In case of emergency I hereby give my permission to the program staff and medical personnel selected by the Recreation Department and staff, to act as my agent, to apply simple first aid when necessary, or in the event of a more serious accident, to transport the registered participant to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted. I authorize the RRD to reasonable use of any and all images and statements of/by/about the participant during any part of a RRD program for promotional purposes.

_____ _____
PARTICIPANT'S SIGNATURE — (Parent/Guardian must sign if particpant is under 18) **Date**
Would you like to volunteer for us? If so, in what capacity?_____

PLEASE MAKE CHECK PAYABLE TO: Rindge Recreation Department
Mail To:
Rindge Recreation Department
283 Wellington Road
Rindge NH 03461

Credit Card Payment
Amount_____
Credit Card #_____ **EXP Date**_____
Name On Card_____ **CVC #**_____
Authorization Signature: _____**(3 digit # on back of card)**