

Barnstead Parks and Recreation

P.O. Box 11, Center Barnstead, NH 03225

Phone: 603-269-4071 Fax: 603-269-4072

Registration / Medical / Liability Release Form
Registration Fee \$20.00 – Make checks payable to BP&RVC
Late Registration Fee (After August 16th) \$30.00

Child's Last Name: _____ First Name: _____

Address: _____

Telephone: _____ Age: _____ D.O.B _____ M: _____ F: _____

Grade: _____ Teacher's Name: _____ or specify Home School

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Legal Guardian: _____ Phone: _____

Has your child played this sport before? _____ If yes, when and where? _____

Release Information

I do hereby give permission to the above named individual, my child, to participate in the Barnstead Parks & Recreation Volunteer Committee Sports Program. I assume any and all risks and responsibility incidental to my child's participation, including transportation to and from these activities. I do hereby agree to hold harmless the Barnstead Parks & Recreation Volunteer Committee members and its volunteers for any accidents, injuries or death, which may result from participating in this program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This form can be dropped off or mailed to Town Hall.

Barnstead Parks and Recreation

Health Information /Medical Release

Child's Name: _____

Age: _____ D.O.B _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

I give permission for my child to participate in the Town of Barnstead Parks & Recreation Volunteer Committee Sports Program. I understand the risks involved in this sport activity could be fatal. In the event of accident, injury or illness, I give permission for the Parks and Recreation Volunteer Committee members or volunteers to authorize whatever medical treatment necessary. I understand that because there is no insurance coverage for this program, I must assume financial responsibility for any and all medical care for my child for any accident or illness which may occur while he/she is participating in this program. I do hereby release the Barnstead Parks and Recreation Volunteer Committee members from any liability incurred while participating in this program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

List any medical information/conditions here: _____

Insurance Information

Name of Insurance Company: _____

Policy Number: _____

Health insurance is offered through the school for \$10.00.