



Durham Parks & Recreation Department
 2 Dover Road Durham, NH 03824
 Office: (603) 817-4074
 Email: recreation@ci.durham.nh.us
 Web: www.ci.durham.nh.us
 Facebook: Durham Rec



Parent/Guardian(s) First & Last Name(s) _____

Address _____

STAFF USE ONLY

Payment: _____

Received by: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Alt. Emergency Contact Name/Phone Number _____

PROGRAM REGISTRATION

First name	Last Name	Sex (M/F)	DOB	Current Grade	Name of Class/ Program	Fee
Total Fees:						

Please list any allergies or special needs/ limitations: _____

***Please make checks payable to:** TOWN OF DURHAM (refunds will not be processed after a program has begun)

Liability Waiver:

All persons participating in Durham Parks and Recreation programs do so at their own risk and without recourse to the Town of Durham, its agents, officers or employees. I, the undersigned participant, parent or guardian, do hereby agree to allow the individual(s) named above to participate in the activity listed, and I further agree to hold the Town of Durham Parks and Recreation Department harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity. I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child. I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name. The Durham parks and Recreation Department may be taking pictures during any programs for use in future publications.

Please check box if you would NOT allow use of these photos

SIGNATURE: _____ DATE: _____

Health Insurance Company: _____ Policy Holder: _____

Policy #: _____ Group #: _____ ID#: _____ Certificate #: _____