



Town of Center Harbor, Parks & Recreation
36 Main Street, PO Box 140, Center Harbor, NH 03226
P: 603-253-4561 F: 603-253-8420 E: parksandrecreation@centerharbornh.gov

REGISTRATION/APPLICATION

Participant Name D.O.B. Age Gender: M F
Parents/Guardian Name
Phone Email
Physical address
Mailing address (if different)
Emergency Contact Name Phone
Describe any allergies/medical problems

Program/Session

Total Fees*

*Make Checks Payable to Town of Center Harbor

Participation in this activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, heirs, executors and administrators waive and release all rights and claims against the Town of Center Harbor, its officers, employees, agents, volunteers and supervisors, except in the case of 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 permission for the child to be treated by qualified medical personnel in the event that the above, named parent/guardian cannot be reached at the phone number provided. I understand the cancellation/refund policy of the Center Harbor Parks & Recreation Department. The department encourages registrants to carefully consider their schedule prior to registration.

I give written consent, by signing this document, permission for individual photographs to be used for Town website purposes. I give written consent, by signing this document, permission for individual photographs to be used for Town website purposes.

Signature of Parent/Guardian

Date

Signature of Participant (if over 18)

Date

Please submit application and payment to:

Town of Center Harbor, Parks & Recreation, 36 Main Street, PO Box 140, Center Harbor, NH 03226

Official use only:

Amount Paid:

Cash/Check #:

Received by:

Date: