



# REGISTRATION FORM

Creating Community  
Through People,  
Parks and Programs

PO Box 659, Alton, NH 03809 ~ 603-875-0109 ~ [parksrec@alton.nh.gov](mailto:parksrec@alton.nh.gov) ~ [www.altonparksandrecreation.com](http://www.altonparksandrecreation.com)

Please complete ALL information legibly. Full payment is due at the time of registration. Checks should be payable to "Town of Alton" and mailed to PO Box 659, Alton, NH 03809 or dropped off at the Alton Parks and Recreation office located at 328 Main Street (AVAS Public Park) on Route 11 across from Levey Park. Please do not send cash.

## Participant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #s: Cell: \_\_\_\_\_ Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_  Please add me to your email distribution list

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## Registration Information

Activity Name	18 years or over?	Cost
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*\*Please enclose a self-addressed, stamped envelope if you would like a receipt mailed to you*

## Waiver and Release of Liability

Participation in this recreation program may involve risk of injury, including, but not limited to, sprains, bruises, torn muscles, broken bones, eye and head injuries. As a participant, I attest and verify that I have full knowledge of the risks involved, and that I am physically fit to participate in the program. In consideration for participation in the program/activities listed, I hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Town of Alton, Alton Parks and Recreation, its officers, agents, employees and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the program/activity. In addition, I give my permission for myself to be treated by qualified medical personnel in the event that the emergency contact listed cannot be reached by the phone number provided.

\_\_\_\_\_  
Signature (parent/guardian must sign for participants under 18)

\_\_\_\_\_  
Date