



REGISTRATION FORM

Creating Community
Through People,
Parks and Programs

PO Box 659, Alton, NH 03809 • 603.875.0109 • parksrec@alton.nh.gov • www.alton.nh.gov

Please complete ALL information legibly. Full payment is due at the time of registration. Checks should be made 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.

Parent/Guardian Information

For youth registration, please provide both parent/guardian names, addresses, phone numbers and email addresses.

Parent/Guardian #1

Name: _____

Mailing _____

Address: _____

Phone #s: Cell: _____ Day: _____

Evening: _____

Email: _____

☐ Please add me to your email distribution list.

Parent/Guardian #2

Name: _____

Mailing _____

Address: _____

Phone #s: Cell: _____ Day: _____

Evening: _____

Email: _____

☐ Please add me to your email distribution list.

Emergency Notification and Medical Information

In case of emergency, please notify ☐ Parent/Guardian #1 listed above or ☐ Parent/Guardian #2 listed above. Alternate contact is:

Name: _____ Relationship: _____ Contact Phone: _____

Please list all others authorized for pick-up: _____

Please indicate hospital preference: _____ ☐ Check here for no hospital preference

Doctor's name: _____ Doctor's office phone: _____

Please list any allergies, limitations or accommodations needed: _____

Please list medications your child is taking: _____

Registration Information

Participant Name	Gender	Date of Birth	Grade Entering	Activity Name	Cost
	☐ M ☐ F			Let's Play Soccer Ages 4-8	FREE
	☐ M ☐ F				
	☐ M ☐ F				
Please enclose a self-addressed, stamped envelope if you would like a receipt mailed to you. TOTAL DUE:					FREE

***If registered by 8/17/26*- What size shirt would you like for your soccer player? YS YM YL AS AM AL**

Waiver and Release of Liability

Participation in this recreation program may involve risk of injury, including, but not limited to, sprains, strains, torn muscles, eye and head injuries. As a parent, guardian or participant, I attest and verify that I have full knowledge of the risks involved, and that I am/my child is physically fit to participate in the program. In consideration for participation in the programs/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/my child to be treated by qualified medical personnel in the event that the parent/guardian listed cannot be reached at the phone numbers provided.

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

Date