



51 North Park Street • Lebanon, New Hampshire 03766

Phone: (603) 448-5121 • recreation@lebanonnh.gov

Web: LebanonNH.gov/Recreation

Reg

General Registration Form

PARTICIPANT NAME: _____ MALE / FEMALE: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

SCHOOL: _____ GRADE: _____

Playing a sport? What size T-Shirt? Circle your choice: Youth S, Youth M, Youth L, Adult S, Adult M, Adult L

Please check if you would be willing to help with any of the following:

- coaching
- officiating
- sponsoring a team
- gym monitor
- helping with practices
- keeping score / time
- driving for away games
- volunteering

***Please list any medical conditions, allergies, or restrictions that a coach/instructor/leader, or volunteer will need to know: (i.e. asthma, inhaler, allergies include nuts, penicillin, etc...)**

Primary Guardian:

Secondary Guardian:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE ZIP: _____ CITY, STATE ZIP: _____

PHONE: (Home) _____ (Work) _____ PHONE: (Home) _____ (Work) _____

(Cell) _____ (Cell) _____

E-MAIL: _____ E-MAIL: _____

EMERGENCY CONTACT (Other than guardians - Used only in the event a guardian cannot be reached)

NAME: _____ PHONE: _____

PLEASE INDICATE BELOW THE PROGRAM(S) YOU ARE REGISTERING FOR.

PROGRAM NAME	PROGRAM FEE	PROGRAM NAME	PROGRAM FEE
--------------	-------------	--------------	-------------

***Checks, Cash, Visa, Mastercard, Discover accepted for payment. Checks are payable to City of Lebanon.**

WAIVER and PARENTAL PERMISSION FOR CHILDREN UNDER 18 YEARS OF AGE:

*The undersigned, being the participant or parent and/or legal guardian of the participant listed above, gives permission to him/her to participate in the above named program(s). I agree that no claim will be made by the undersigned on behalf of me or my child for personal injuries or other losses sustained by me or my child as a result of me or my child's participation in this program(s) and that in the event any claim is made for injuries or damages sustained by me or my child as a result of my or my child's participation in this program(s), I shall hold the City and the Lebanon Outing Club (in the case of Ski/Snowboard lessons) harmless from, and indemnify it against, any such claim including reasonable attorney fees incurred by the City or the Lebanon Outing Club and its employees in connection therewith whether or not such claims result in litigation. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to me or my child by a qualified physician in the event I cannot be reached. **From time to time, Valley News, CATV and other photographers attend Recreation & Parks Department activities and take photos or videos of program participants for publication (print, web, facebook). I permit the taking of photographs and video of participants during activities for publication and use for promotional purposes, unless the opt out line below is initialed.***

Signature (parent/guardian if participant is under 18) _____ Date _____

Photo and Video permission opt out:

I do not permit photos or video of the above named participant for publication.

Please initial _____