Registration Form

RETURN WITH PAYMENT TO:
Concord Parks & Recreation Dept.
1 White St.
Concord, NH 03301
Make Checks Payable to: City of Concord

CONTACT US AT:
Office: 225-8690
Fax: 225-8589
E-mail: recreation@concordnh.gov
Web: www.concordparksandrec.com

For Office Use Only

Check #_____ CC Cash Schlrshp

Amount:_____ Entered:_____

PARENT/ GUARDIAN CONTACT INFO **Please Print**	Adult First & Last Name		
	Address		
	City	State	Zip
	Home Phone	Work Phone	Cell Phone
	E-mail	Emergency Contact Name	Phone Number

COURSE CHOICES

Participants Information First Name Last Name	Elementary School	Sex	Date of Birth	Grade in Sept	Name of Class / Program	Class Code							Fee

List any special needs or medical conditions we should know about:

******PLEASE READ AND SIGN THE WAIVER BELOW******

In Consideration of being permitted, at my specific request, for me or my child/ward to participate in the activities of the City of Concord, New Hampshire Park and Recreation Department, we HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the City of Concord, its officers, employees, and agents, individually or in an official capacity for the City (all for purposes herein also referred to as "Releasee") from all liabilities, claims, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the activity, including, travel to or from the activity, for bodily injury, death or property damage suffered by me/my child/ward before, during, or after said activity. **I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any Releasee or otherwise.** I HEREBY ASSUME FULL RESPONSIBILITY FOR ALL RISK OF INJURY OR PROPERTY DAMAGE due to the negligence of Releasee or otherwise while engaged in or as a result of the activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the parent/guardian named below can not be reached at the phone numbers provided. All Parks & Recreation Department classes/events may be photographed. Participants may be photographed for City of Concord programs and promotions.

_____ _____

Signature (parent/guardian if participant is under 18 years of age **Date**

Scholarship Donation
Rounding up your program fee helps provide financial assistance to those otherwise unable to afford the cost of a program.

Total Fees

Total Amount

REFUND PROCEDURE - Refunds are issued only when a class is cancelled by the Parks & Recreation Department or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program because of a medical condition. Refunds will not be issued if a class is cancelled due to inclement weather. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Concord Parks & Recreation Department.

REMEMBER THESE 5 EASY WAYS TO REGISTER!

1

Drop-Box
An after hours drop box is provided. The mail slot is located just to the right of our main entrance at our 1 Whtie St. office.

2

Fax
(603)225-8589 your credit card information (Visa/MasterCard)

3

On-Line
www.concordparksandrec.com
Contact the Parks & Recreation Office for user name & password. First time registrants must use paper form initially.

4

Mail-In
Mail completed registration form & payment to:
Concord Parks & Recreation
1 White St. Concord, NH 03301

5

In-Person/Walk-In
Visit us in at the Parks & Recreation Office at 1 White St. to fill out your registration in person. Office hours are 8 a.m. - 4:30 p.m.

COMPLETE IF PAYING BY CREDIT CARD

CC NUMBER			
EXPIRATION DATE:	**CSC (3 digit)** (on back of card)	Visa ☐	MasterCard ☐
Name as it appears on the Card:		Signature	