Registration Form

RETURN WITH PAYMENT TO:

Concord Parks & Recreation Dept. 14 Canterbury Rd. 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											
	СС	Cash	Schlrsh								

Entered:

Check #

Amount:

make chesker dyadie to city of concerd															
	Adult First & Last Name														
PARENT/ GUARDIAN	Address														
CONTACT INFO	City					State	Zi	Zip							
	Home Phone					Work Phone	C	Cell Phone							
<u>Please Print</u>	E-mail					Emergency Contact Name	ntact Name Phone Number								
COURSE CHOICES															
Participants Information Eleme First Name Last Name Sch			Sex	Date of Birth	Grade	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 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!

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Fax

(603)225-8589 your credit card information (Discover, Visa, MasterCard)



On-Line

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



Mail-In
Mail completed registration

form & payment to: Concord Parks & Recreation 14 Canterbury Rd., Concord, NH 03301





In-Person/Walk-In

Visit us in at the Parks & Recreation Office at 14 Canterbury Rd.. to fill out your registration in person. Office hours are 8 a.m. - 6:00 p.m.

COMPLETE IF PAYING BY CREDIT CARD															
→ CC NUMBER															
→ EXPIRATION DATE:				CSC (3 digit) (on back of card)					\ \	′isa	MasterCard				
Name as it appears on the Card:							Sig	natu	re						