MONT VERNON RECREATION | REGISTRATION FORM

Mont Vernon Recreation, P.O. Box 444, Town of Mont Vernon, Mont Vernon, NH 03057

Date

to register:

Contact us through our website at http://home.comcast.net/~montvernonrec/site/?/page/Forms/than print and fill out the **Registration Form** and bring form and payment to the first session.

By Mail Print and fill out **Registration Form** and mail w/ payment to the above address **In Person** Drop off Registration Form and payment at Town Hall, Main St, Mont Vernon

ACTIVITY	γ			
NAME OF ACTIVITY		SESSION (IF MORE THA	SESSION (IF MORE THAN 1 OFFERED)	
PARTICIE	PANT			
NAME (PLEA	ASE FILL OUT ONE FORM PER PARTICIPANT)			
AGE	GRADE (ONLY IF APPLICABLE)	BIRTHDATE		
	T INFORMATION			
EMERGENCY CONTACT PERSON		EMERGENCY PHONE N	EMERGENCY PHONE NUMBER	
ALLERGIES	OR CONDITIONS (WE SHOULD KNOW ABOUT)	'		
HOUSEHOLD CONTACT		PHONE NUMBER	2ND PHONE NUMBER	
MAILING ADDRESS		EMAIL ADDRESS	EMAIL ADDRESS	
PAYMEN	IT INFORMATION			
TOTAL ENCLOSED (make check payable to: Town of Mont Vernon)		○Cash ○Checl	○Cash ○Check	
programs. damage to	er Release: I understand there are risks of physical inju. I hereby release the town of Mont Vernon, its employed personal property that, my child or I may experience in Commission.	ees, officials and agents from	any and all liability or loss or	
has susta programs experienc	consent to emergency medical procedures deemed advined an injury. The Town of Mont Vernon does not proving the All participants are advised to have adequate personal te, and tolerance for risk before participating in any protect.	ide accident or hospitalization al coverage. Please consider	insurance for participants of its participant's own health,	
I have rea	nd and agree to the Disclaimer,			

Must be signed by participant. If Participant is under 18 years of age, must be signed by parent or legal guardian.