Spring / Summer 2024

Holderness Recreation Department 2023



Program Registration Sheet Ha

Participant Names	M/F	DOB	Grade	Program	Cost
Would you like to round up	your fe	e to contribut	e to the sch	olarship fund? Amt	added
					Total
Parent Guardian Names:					
Physical Address:					
Mailing Address:					
Preferred Phone ## to receive text messages		, Work		, Cell	
# to receive text messages				Carrier (Verizon ect)	
E-mail Address				,	
Emergency Contact (other tha				Phone:	
Allergies/Medications/Medic	al İssues	for participant	s:		
NH 03245. You can now register portal and need to create an according program fee must be paid in advantation participants are subject to cancellate.	ount. Onc	e you have created uarantee your plac y questions, please	d an account, yo ement in a prog	ou can visit the program lis gram. Programs without the ferner, Holderness Recreati	t and start registering. The he set minimum number of
	Hold	erness Recreat	tion Release	Of All Claims	
In consideration of the permission for myself and my heirs, the Town of F program participants, from all actions, I recognize there may be inherent furthermore, I represent to the best of n be transportation, by both bus and privagive permission for myself and/or son/of I understand that, in case of an em the event of a medical emergency, I convict said treatment, including transport I also understand that Holderness used by Holderness Recreation for adversed by Holderness Recreation. Promof I the undersigned, here read this refull knowledge of its significance.	Holderness, damages, c dangers in my knowled ate vehicle, daughter to hergency, Hensent to the tation to a r Recreation ertisement of the total may	Holderness Recreat laims, and negligend participating in this lee, the participant is that may be necessate transported as sufolderness Recreation participant's treatment and promotions. I ginclude, flyers, Face	ion, Holderness Ge, which may re- recreation progras in proper physicary for implementach, and I assument will attempt to the ent by a medical from or my child ive my permission book, the Town	Central School, its agents, empoult in personal injuries and/oram, which may present strain of all condition to allow participitation of the activities and / orall risks associated with participitation and I agree to be responsible to the person identified a doctor and I agree to be responsible enrolled in this program or for mine or my child's pictives.	ployees, volunteers, and other r damages. on the body and its parts, and ation. I am aware that there may r medical treatment, and therefore cipation in this program. as the "emergency contact". In onsible for all costs associated and that these pictures maybe are to be taken and photos to be
SignatureParent Guardian or Partici			Date_		scan to go to recreation
Parent Guardian or Partici	pant over	18 years			• webpage
Printed Name					Find us on Facebook

















