Adult Participant/Parent/Guardian  Name								Return with payment to: Parks and Recreation Dept.		
								One Circle Drive Meredith, NH 03253		
Mailing Address				Town_	TownZip			Please make check payable to:		
Email Address				Cell Phone				Town of Meredith		
Home Phone Work Phone				;						
Emergency Contacts				Phone						
				Ph	Phone					
Describe any allergies/medica	al problems									
Participant	Resident?	Sex	D.O.B.	Age	Grade	Program/Session	Resident Fee	Nonresident Fee	Total	
	Y N									
								+ +		
								<u> </u>		
						Total Enclosed				
In consideration for particip Town of Meredith, its offic expenses, arising out of or in In addition, I give my perm numbers provided. I understand the cancellation will be remitted after the pr	pation in the progra ers, employees, ag in connection with ission for the child on/refund policy of ogram begins. Th	am(s) listed ents, volun participati (ren) to be the Parks a is policy is	I above, I here ateers, and sup- on in the active treated by qua- and Recreation strictly enforce	by for mys ervisors, ex ity. alified med a Dept. The ed. If prog	elf, my heir acept in the lical personne e Dept. ence gram is cano	ipant, I am aware of these hazards is, executors and administrators was case of their sole negligence, from the in the event that the above name ourages registrants to carefully corecled by The Dept., you will be not are/video and use it for advertising	all losses, injury ed parent/guardi nsider their sched otified and full fe	all rights and claims, damages, fees, and cannot be reach dule prior to registrate refunded. As a part of the refunded of the	nd other ned at the phone ration. No fee	
**Signature (Parent/Guardian if participant under 18)					Date				Paid	
**Other Signatures—all those listed above, over 18 years of age must sign release form								Rec'd by		