Adult Participant/Parent/Guardian									Return with payment to: Parks and Recreation Dept.		
Name								One Circle Drive Meredith, NH 03253			
Mailing Address	TownZip						,				
Email Address	Cell Phone					Please make check payable to: Town of Meredith					
Home Phone		Work Phone Phone									
Emergency Contacts											
Phone											
Describe any allergies/medic	cal problems										
Participant	Resident?	Sex	D.O.B.	Age	Grade	Program/Session	Resident Fee	Nonresident Fee	Total		
	Y N										
						Total Enclosed					
In consideration for particity Town of Meredith, its office expenses, arising out of or In addition, I give my pernumbers provided. I understand the cancellation will be remitted after the p	ipation in the progracers, employees, agin connection with mission for the child on/refund policy of program begins. This	am(s) listed ents, volum participati (ren) to be the Parks as s policy is	d above, I here teers, and sup- on in the active treated by qua- and Recreation strictly enforce	by for mys ervisors, ex ity. alified med a Dept. The ced. If prog	elf, my heir scept in the lical personne e Dept. ence gram is cano	sipant, I am aware of these hazards is, executors and administrators was case of their sole negligence, from the lin the event that the above name ourages registrants to carefully concelled by The Dept., you will be not ure/video and use it for advertising	all losses, injury ed parent/guardi nsider their sched otified and full fe	all rights and claim y, damages, fees, a an cannot be reach dule prior to regist be refunded. As a	and other hed 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											