



# Lincoln—Woodstock Recreation Department



#148 Main Street, Town Hall  
PO Box 25  
Lincoln, NH 03251

Recreation Director:  
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## 2008 Swim Club PROGRAM REGISTRATION FORM: (Please Print)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M ( ) F ( )

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person to contact if parents cannot be reached: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, Disabilities or other illness that would affect "normal" participation: Yes ( ) No ( )  
If yes, What?: \_\_\_\_\_

Is your child currently on any medication: Yes ( ) No ( )  
If Yes, what & when does it need to be taken: \_\_\_\_\_

The Lincoln - Woodstock Recreation Department has my permission to use photos in which my child appears:  
Yes ( ) No ( )

I hereby pledge for myself, my heirs, executors or administrators to waive and release all rights and claims for damages I may have against the agency. I also release the organization's agents, assigns or officials for any and all injuries suffered by my child.

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat my child: \_\_\_\_\_ for anesthesia, medical, x-ray, and surgical procedures, as may be deemed necessary or advisable. I understand that in an emergency every attempt will be made to communicate with me prior to use of this waiver.

Our Doctor's Name: \_\_\_\_\_ Doctor's Telephone Number: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_