



# Lincoln—Woodstock Recreation Department



Recreation Director:  
Tara A. Tower, CPRP

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Lincoln, NH 03251

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## **PROGRAM REGISTRATION FORM:**

(Please Print)

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

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

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

Email Address: \_\_\_\_\_ How often do you check email?: \_\_\_\_\_

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 #: \_\_\_\_\_

People allowed to pick up my child: \_\_\_\_\_

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 and when does it need to be taken: \_\_\_\_\_

Permission is given for my child to travel for away games or other related recreation purposes: Yes ( ) No ( )

The Lincoln—Woodstock Recreation Dept has 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: \_\_\_\_\_ Doctors Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

**Can you help by coaching/ assisting: Yes ( ) No ( )**