



Lincoln—Woodstock Recreation Department



Recreation Director:
Tara A. Tower, CPRP
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#194 Pollard Road , Community Center
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Facebook: Lincoln-Woodstock Recreation Department

Program Coordinator:
Justin Chaffee
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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: _____

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 ()

