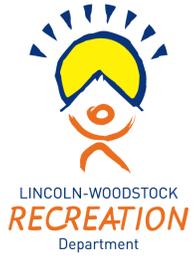


LINCOLN-WOODSTOCK RECREATION DEPARTMENT

Community Center, #194 Pollard Road

PO Box 25, Lincoln, NH 03251

Facebook: Lincoln-Woodstock Recreation Department



Telephone: 603-745-8673 or 603-745-8958

Recreation Director:

Program Coordinator:

Tara A. Tower, CPRP

Fax: 603-745-6743

Dan Lamoureux

Email: recreation@lincolnnh.org

website: www.lincolnnh.org

Email: communitycenter@lincolnnh.org

YOUTH PROGRAMS REGISTRATION & EMERGENCY INFORMATION

Participant's Name: _____ Date of Birth: _____ Grade: _____

Mailing Address: _____ Town: _____ Zip Code: _____

Physical Address: _____ Town: _____ Zip Code: _____

Email Address: _____ How often do you check email (email will be primary form of communication): _____

Mother's Name: _____ Place of Work: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Father's Name: _____ Place of Work: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Person to contact if parents cannot be reached: _____ Relationship to child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

People allowed to pick up my child: _____

Allergies, Disabilities, or illness that would affect participation (PLEASE INCLUDE FOOD ALLERGIES): Yes () No ()

Please explain: _____

Is your child currently on any medication: Yes () No ()

If yes, what and when does it need to be taken: _____

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

I GIVE THE LINCOLN-WOODSTOCK RECREATION DEPARTMENT PERMISSION TO TRAVEL WITH MY CHILD OUTSIDE THE FATHER ROGER BILODEAU COMMUNITY CENTER GROUNDS FOR RECREATIONAL PURPOSES: 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 Phone Number: _____

Medical Insurance Company: _____ Policy Number: _____

Parent/Guardian Signature: _____ Date: _____

Can you help by coach/assisting or refereeing this year: Yes () No ()