

ANTRIM PARKS AND RECREATION REGISTRATION FORM

Program you are registering for:

Name:

DOB:

Gender: M F

Address:

Parent Name:

Phone Numbers: Home:

Cell:

Email address:

Emergency Contact Name and Phone:

Medical/Allergy/Behavioral info we should be aware of:

All sports are potentially dangerous and may result in personal injury to the player. You hereby are acknowledging that you are registering yourself or your child for an Antrim Recreation Program, and you accept the risks inherent in the sport or program. Additionally, you understand that any injuries or illnesses sustained by yourself or your child will be your responsibility to pay for and that there is no medical insurance granted to yourself, player/child when they register for our program. You understand and give permission for us to seek appropriate medical care and transport in the case of injury or sudden illness.

Guardian signature and date:

Regular physician and phone:

Please use the space provided here and on the other side to provide us with any information that will help us provide the best learning environment for your child and their team. Please provide us with **any** information we need to work effectively with your child. This information is kept private and shared only with coach.

**Return completed form with applicable payment to:
Antrim Rec Dept., PO Box 517, Antrim, NH 03440
Phone: 588-3121, Fax 588-2969**