

<b>RETURN WITH PAYMENT TO:</b> Laconia Parks & Recreation Department 306 Union Avenue Laconia, NH 03246	<b>CONTACT US AT:</b> Office: 524-5046 Fax: 524-4129 E-mail: parks@laconianh.gov Web: www.laconianh.gov	<b>For Office Use Only</b>	
		Check# _____	Cash _____
		Amount: _____	Entered: _____

<b>ADULT CONTACT INFO</b>	Adult First & Last Name		
	Address		
	City	State	Zip
	Home Phone	Work Phone	Cell Phone
	E-Mail	Emergency Contact Name	Phone Number

**PROGRAM CHOICES**

Participants		School	Sex	Date of Birth	Grade in Sept.	Program Title	Fee
First Name	Last Name						

List any special needs or medical conditions we should know about: \_\_\_\_\_

Total Fees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ AND SIGN THE WAIVER BELOW**

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Laconia, its officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the parent /guardian named below can not be reached at the phone numbers provided. I understand I or my child(ren) may be photographed by city staff during the course of the programs and I give my permission to publish those photographs.

**NEW - REFUND POLICY**

Refunds are issued only if the request is placed to the Parks & Recreation Department one (1) week prior to the start of the program or when a class is cancelled by the Parks & Recreation Department or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program because of a medical condition. No refunds will be given otherwise.

\_\_\_\_\_  
Signature (parent/guardian if participant is under 18 years of age)

\_\_\_\_\_  
Date