

**HANOVER PARKS AND RECREATION REGISTRATION**  
**Richard W. Black Center, 48 Lebanon Street, Hanover, NH 03755**  
**603-643-5315 603-643-0724 (f) recdept@hanovernh.org**

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Entered by \_\_\_\_\_

Hanover Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

Name \_\_\_\_\_ E-mail (Participant) \_\_\_\_\_

Address/town/st/zip \_\_\_\_\_

Parent's names (PLEASE PRINT) Mom \_\_\_\_\_ Dad \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Classes/sport: 1. \_\_\_\_\_ Code # \_\_\_\_\_ Cost \$ \_\_\_\_\_ Check/ Cash

2. \_\_\_\_\_ Code # \_\_\_\_\_ Cost \$ \_\_\_\_\_ Check/ Cash

3. \_\_\_\_\_ Code # \_\_\_\_\_ Cost \$ \_\_\_\_\_ Check/ Cash

**TOWN OF HANOVER RELEASE & INDEMNIFICATION AGREEMENT**

The undersigned, being the parent and/or legal guardian of \_\_\_\_\_ (insert child's name), in consideration of the agreement by the Town of Hanover to allow my child to participate in the program(s) listed above, hereby agrees as follows:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in the above described program(s).

2. That, in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in the above described program (s), I shall hold the Town of Hanover harmless from, and indemnify it against, any such claim, including reasonable attorney's fees incurred by \_\_\_\_\_ (insert child's name) in connection therewith, whether or not such claims result in litigation.

The undersigned acknowledges that my child's participation in the above described program(s) may reasonably be considered a dangerous activity (ies). This Agreement is executed by the undersigned upon the understanding that the Town of Hanover will use best efforts in the conduct of the above described program(s).

Signed \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian) (Adult Participant)

\*\*\*\*In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached.

Signed \_\_\_\_\_ Parent or Guardian Date \_\_\_\_\_

**Please list any allergies or difficulties that the staff should be aware of:**

**UNIFORMS:** I understand that all uniforms issued (not including t-shirts) must be returned to the Rec Office clean and in satisfactory condition upon the conclusion of the season. If a uniform is not returned then the Rec Department will bill me for the replacement cost.

**PARENTS: Please check if you would have an interest in helping with any of the following:**

<input type="checkbox"/> coaching _____ (sport-any season)	<input type="checkbox"/> officiating	<input type="checkbox"/> parent contact for team
<input type="checkbox"/> helping with practices	<input type="checkbox"/> driving for games	<input type="checkbox"/> carpooling
<input type="checkbox"/> fundraising	<input type="checkbox"/> volunteering	<input type="checkbox"/> helping with events planning
<input type="checkbox"/> teaching a course	<input type="checkbox"/> new ideas _____	