

FRANCESTOWN RECREATION		<h1 style="text-align: center;">YOUTH REGISTRATION FORM</h1>			Email: recreation@francestownnh.org Web: francestownnh.org/recreation-commission	
Parent/ Guardian Contact Info	Parent/Guardian(s) First & Last Name(s)					
	Secondary Parent/Guardian(s) First & Last Name(s)					
	Address					
	Town		State		Zip	
	Home Phone		Email		Cell Phone	
	Secondary Parent/Guardian E-mail			Secondary Parent/Guardian Cell Phone		
PROGRAM CHOICES						
First Name	Last Name	Sex	Date of Birth	Current Grade	Name of Program	
<p style="text-align: center;">PLEASE READ AND SIGN THE WAIVER BELOW</p> <p>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), I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Francestown, 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 cannot be reached at the phone numbers provided. All Recreation Department classes/events may be photographed. Participants may be photographed for Town of Francestown programs and promotions.</p>						
Signature (parent/guardian if participant is under 18 years of age)				Date		
ALLERGIES:						
MEDICATIONS:						
ANY OTHER CONCERNS WE SHOULD BE AWARE OF:						
SUBMIT THIS FORM TO THE TOWN OFFICES PO BOX 5 - 27 MAIN STREET - FRANCESTOWN - NH - 03043						