



**51 North Park Street • Lebanon, New Hampshire 03766**

**Phone:** (603) 448-5121 • **Fax:** (603) 448-1496

**E-Mail:** recreation@lebcity.com • **Web:** www.lebcity.com/recreation

## GENERAL REGISTRATION FORM

Please note: Separate registration form is available for Day Camp.  
Please inquire at the Recreation & Parks Office.

PARTICIPANT NAME: \_\_\_\_\_ MALE / FEMALE: \_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HOUSEHOLD E-MAIL (For program info and cancellation notices): \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

\*In accordance with the Americans with Disabilities Act, please describe any special accommodations needed for you or your child to participate in the program(s) for which you are registering.

**PRIMARY GUARDIAN**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE ZIP: \_\_\_\_\_  
 PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 (Cell) \_\_\_\_\_

**SECONDARY GUARDIAN**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE ZIP: \_\_\_\_\_  
 PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 (Cell) \_\_\_\_\_

**EMERGENCY CONTACT** (used only in the event a parent cannot be reached)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL INSURANCE COVERAGE:       Family insurance       24 Hour school insurance

**PLEASE INDICATE BELOW THE PROGRAM(S) YOU ARE REGISTERING FOR:** Be sure to include the code number.

PROGRAM NAME	PROGRAM CODE	PROGRAM FEE
_____	_____	_____
_____	_____	_____

**\*Checks, cash, Visa, Mastercard, Discover accepted for payment. Please make checks payable to City of Lebanon.**

Please check if you would be willing to help with any of the following:

- coaching                               officiating                               sponsoring a team                               gym monitor
- helping with practices                               keeping score / time                               driving for away games

**PARENTAL PERMISSION FOR CHILDREN UNDER 18 YEARS OF AGE:**

The undersigned, being the parent and/or legal guardian of \_\_\_\_\_, gives permission to him/her to participate in the above named program(s). I agree that no claim will be made by the undersigned on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in this program(s) and that in the event any claim is made for injuries or damages sustained by my child as a result of my child's participation in this program(s), I shall hold the City harmless from, and indemnify it against, any such claim including reasonable attorney fees incurred by the City and its employees in connection therewith whether or not such claims result in litigation. 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.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**ADULT REGISTRATION:**

I release, absolve, indemnify and hold harmless the Lebanon Recreation & Parks Department staff, and the City of Lebanon, in the event of injury while participating in the above named program(s).

Adult signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION FOR PHOTOGRAPHS/VIDEO:**

From time to time, Valley News, the Spectator and other photographers attend Recreation & Parks Department activities and take photos or videos of program participants for publication. Participants permit the taking of photographs and video of themselves and their children during activities for publication and use for promotional purposes, unless otherwise stated.