



# Brentwood Recreation Department

1Dalton Rd. Brentwood,, NH 642-6400 ext. 20  
recreation@brentwoodnh.gov

For Office Use Only:

Paid \_\_\_\_\_

Date \_\_\_\_\_

Cash / Check \_\_\_\_\_

## Program Registration Form

Name of Class/Program	Session/Dates	Fee

**Total Fee**

**Participant**

/Parent

**Information**

**Name:** (Print) \_\_\_\_\_

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **M / F**

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parents Name** (Print) \_\_\_\_\_

**Email Address** (please print clearly) \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Emergency Phone Number(s)** \_\_\_\_\_

**Doctor** \_\_\_\_\_

**Doctor's Phone** \_\_\_\_\_

**Medical Conditions/Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

I hereby give approval for myself/my child to participate in the above listed Brentwood Recreation Department Program. I agree to assume all risks and hazards incidental to the program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify and agree to hold harmless the Town of Brentwood, the Brentwood Recreation Department, The Brentwood Recreation Commission, supervisors, instructors and participants from all claims, demands of chance on account of any and all injuries to persons or property that may result by virtue of participation in said activities. I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named above cannot be reached.

Registrations for programs will be accepted on a first come, first serve basis. Please call the Recreation office if you have any questions.

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

*Please make checks payable to BRC*