



**GENERAL REGISTRATION FORM**  
 Mascoma Valley Parks & Recreation  
 mvalleyrec@gmail.com, 603- 632-5026; 603-523-4501 ext.111



PLEASE NOTE: This registration form serves both the Town of Canaan & Town of Enfield Recreation Departments.  
 Use this form to sign up for more than one activity!

PARTICIPANT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOUSEHOLD EMAIL (for program info) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

\*Please list any medical conditions, allergies, or restrictions that a coach/instructor/leader, or volunteer will need to know: (i.e. asthma, inhaler, allergies include nuts, penicillin, etc)

\_\_\_\_\_  
 \_\_\_\_\_

Attending a sports camp? What size T-shirt? Circle your choice: Youth S, M, L, XL Adult S, M, L

PRIMARY GUARDIAN:  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TOWN/ST/ZIP \_\_\_\_\_  
 PHONE (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMERGENCY CONTACT:  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TOWN/ST/ZIP \_\_\_\_\_  
 PHONE (W) \_\_\_\_\_ (C) \_\_\_\_\_

PLEASE INDICATE BELOW THE PROGRAM(S) YOU ARE REGISTERING FOR:

PROGRAM NAME	TOWN	PROGRAM FEE
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Checks or cash accepted for payment. Please make checks payable to Town of Canaan or Town of Enfield as noted in brochure.

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

The undersigned, being the parent and/or legal guardian of the participant listed above, 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 as a result of my child's participation. In the event any claim is made for injuries or damages sustained as a result of my child's participation, I shall hold the Towns of Canaan and Enfield harmless from, and indemnify it against, any such claim including attorney's fees incurred by the Towns and its employees whether or not such claim results in litigation. *In the event of an emergency requiring medical attention, I authorize the necessary medical attention be given to my child by a qualified physician in the event I cannot be reached.*

**MEDIA RELEASE::** From time to time, media personnel attend Town events and take photos and videos for publication. I permit the taking of photographs and video of me and/or my child during activities for promotional purposes unless the opt out line below is initialed.

Signature (parent/guardian if participant is under 18) \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO & VIDEO PERMISSION OPT OUT:**

I do not permit photo or videos of the above named participant for publication. Please initial \_\_\_\_\_