

Amherst Recreation Department						Consent and Accident Form			
Participant's Name	Sex	D.O.B.	Age	School	Grade	Shirt Sz.	Name of Program and Session	Fee	Total

Self or Primary Guardian _____ Relationship _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ Pager # _____ E-Mail _____ Business Name _____ Business Phone _____ Business Address _____	Spouse or Primary Guardian _____ Relationship _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ Pager # _____ E-Mail _____ Business Name _____ Business Phone _____ Business Address _____
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If your child is participating in a sport, please indicate his/her skill level by circling below:
First Time Beginning Developing Skilled Travel Program

YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM OR YOUR APPLICATION WILL NOT BE PROCESSED!!
 Should we be **unable to contact you or your spouse** in the event of an emergency, please list a different responsible adult we may contact: (E.g.: Grandparent, aunt, etc.)
 Name _____ Relationship _____ Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Ext. _____ Pager # _____ Cell Phone _____ E-Mail _____

Family/Child's Doctor: _____ Address _____ Phone _____

Medical Insurance Company and Policy # _____

Allergies/Special Diets 1. _____ 2. _____ 3. _____ 4. _____

Special Limitations or Concerns _____ Chronic Health Conditions _____

The following information is required for children only

Eye Color 1. _____ 2. _____ 3. _____ 4. _____ Hair Color 1. _____ 2. _____ 3. _____ 4. _____ Skin Color 1. _____ 2. _____ 3. _____ 4. _____

Height 1. _____ 2. _____ 3. _____ 4. _____ Weight 1. _____ 2. _____ 3. _____ 4. _____ Primary Language 1. _____ 2. _____ 3. _____ 4. _____

Identifying Marks 1. _____ 2. _____ 3. _____ 4. _____

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the town/city of Amherst, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Amherst Recreation Department.

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.

I also consent to the use of my or my child's photo, video, artwork etc. by the dept for flyers, presentations , electronic communication, etc. If you do not wish for us to use your or your child's image or artwork, you must send this request in writing with each program registration to cfraley@amherstnh.gov

PARTICIPANT'S SIGNATURE — (Parent/Guardian must sign if participant is under 18) _____
Date