

TOWN OF GREENFIELD PARKS & RECREATION
STEP & TONE CLASS
ACTIVITY REGISTRATION FORM

Participant's Name _____ Gender _____ Birth Date _____ Age _____

Program Name registering for: _____ **Tuesday's \$55 for 8 Week Session**

Fee: _____ Late fee: _____ Total: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____ (required)

If minor:

Primary Guardian: _____ Relationship: _____ Email: _____ (required)

EMERGENCY CONTACT INFORMATION:

Should we be unable to contact you or your spouse in the event of an emergency, please list an alternate adult we may contact:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City _____ Zip _____

MEDICAL INFORMATION:

Family/Child's Dr. _____ Address: _____ Phone: _____

Medical Insurance Company _____ Policy Number _____

Allergies: _____

Special limitations or concerns/Chronic health conditions _____

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Greenfield, its officers, employees, agents, volunteers, and supervisors from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give permission for the agents, servants, employees, and officials to the Town of Greenfield to use their sole discretion in seeking and providing treatment for the child by qualified medical personnel in the event that the above named parent/guardians listed above cannot be reached at the phone numbers provided. I understand the cancellation/refund policy of the Recreation Department as listed on the reverse side of this form. I also certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with health requirements are on file at my child's school.

Participant's Signature _____ Date _____

(Parent/Guardian Signature if under 18)

YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM OR YOUR APPLICATION WILL NOT BE PROCESSED

Make check Payable to: Town of Greenfield
PO BOX 256
Greenfield, NH 03047
(603) 547-3442

(Rev. Jan. 2013)