



Program Registration Form

Please fill out all information on this form clearly in black or blue ink.

~~For Fastest Registration, register online at www.wolfeboronh.us/parks-recreation~~

****Note: Information must be filled out completely and Fee must accompany form to be considered complete****

First Name:		Last Name:
Street Address:		City, State, ZIP:
Home Phone:	Work Phone:	Cell Phone:
Parent/Guardian #1 Name:	Parent/Guardian #2 Name:	Email: <i>*Essential for Program Communication*</i>
Gender:	Date of Birth:	T-Shirt Size:
School:	Grade:	Teacher:

Please write legibly and fill out all applicable information so you are placed in the appropriate level.

PROGRAM REGISTRATION:

Program:	Session:	Level:	Dates:	Time:	Fee:
Total					

Medical Information & Program Waiver

To help ensure the safety and welfare of all children/adults participating/using in the Town of Wolfeboro Parks and Recreation Programs and Facilities, please complete form as part of the registration process. A required Program Waiver Form will be given at the start of each program

In case of emergency, please notify:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Medical Information:

<input type="checkbox"/> Allergy (describe): Are there any medical/psychological details we should know about the participant, or that will enable us to make appropriate accommodations? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:
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Drop off this form at Parks and Recreation Offices at Pop Whalen Ice Arena (390 Pine Hill Rd) or mail to:
Parks and Recreation, PO Box 629, Wolfeboro, NH 03894