

DEPARTMENT USE ONLY

NAME: _____

AGE: _____

1 2 3 4 5 6 7 8

S.P.O.R.T. REGISTRATION FORM

DATE: _____ CHILD'S NAME: _____ D.O.B.: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____ PHONE: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S WORK PHONE: _____ FATHER'S WORK PHONE: _____

MOTHER'S WORK ADDRESS: _____

FATHER'S WORK ADDRESS: _____

In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to the nearest hospital, and for my physician to secure prompt treatment, to permit injection, anesthesia, and/or surgery for my child as named above. I also grant permission to the coach/leader to administer Children's Tylenol to my child if I cannot be reached.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Emergency Phone: _____ Person to notify in case of emergency: _____

Child's Physician Phone: _____ Hospital Preference: _____

Is your child currently on any medication? _____ If yes, what? _____

Does your child have any allergies? _____ If yes, to what? _____

AUTHORIZATION TO RELEASE: The following are **the only individuals, other than the parents, authorized to pick up my child** should I now be able to do so. **Your child will not be released to anyone not on this or the emergency list.** These individuals will be required to show identification if they are not known or recognized by the coach/leader. Names can be added to, or taken from, this list with your authorization only. **(If restraining orders are in place, please speak to the Recreation Director immediately)**

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

I hereby grant my child _____ permission to participate in the S.P.O.R.T. program through the Ossipee Recreation Department. I also understand that the coaches/leaders for the specific sport/activity will not be held liable for any injuries my child may sustain while under their supervision.

Signature of Parent/Guardian: _____ Date: _____

Photo Policy: The Recreation Department reserves the right to photograph participants for publicity purposes. If you do not want your child's photograph used for any publicity, please speak to the Recreation Director.

Please complete other side

I would like to register my child _____ for the 2010 Ossipee Recreation Department S.P.O.R.T. Program. I would like to register him/her for the following days/weeks.

**The cost is \$10/per week.
Please circle the days your child will be attending.**

Week 1

Monday June 21st 9am-5pm
Funtown/Splashtown U.S.A.

Tuesday June 22nd 9am-3pm
*Ski Works Canoe Trip

Week 2

Monday June 28th 9am-3pm
OSG Paintball

Tuesday June 29th 9am-3pm
*Hiking

Week 3

Monday July 5th
NO S.P.O.R.T.

Tuesday July 6th 9am-5pm
Rye Airfield Skate Park

Week 4

Monday July 12th 9am-5pm
Whale's Tale Water Park

Tuesday July 13th 9am-3pm
*Community Service & Ice Cream

Week 5

Monday July 19th 7am-5pm
New England Aquarium & IMAX

Tuesday July 20th 9am-4pm
Gunstock Mountain Resort

Week 6

Monday July 26th 9am-5pm
Aquaboggin

Tuesday July 27th 9am-3pm
*Ski Works Canoe Trip

Week 7

Monday August 2nd 9am-3pm
Pirates Cove Mini Golf & Hiking

Tuesday August 3rd 9am-3:30pm
Wallis Sands State Park

Week 8

Monday August 9th 9am-3pm
Hilltop Fun Center

Tuesday August 10th 9am-3pm
*White Lake Speedway & White Lake

Week 8.5

Monday August 16th 9am-3pm
Jay's Bayside Mini Golf & Swimming

Trip locations and dates are subject to change.

Rye Airfield Skate Park – Safety equipment will be provided. You may bring your own helmet and pads if you have them. You **MUST** have your own skateboard/roller blades/bike.

***Please drop your child off at the trip location**